

**NAVAJO/APACHE REGIONAL PARTNERSHIP COUNCIL**  
**FUNDING PLAN**  
**July 1, 2009 – June 30, 2012**

**OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION**

**I. Regional Needs and Assets**

The First Things First Navajo/Apache Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. This Region is comprised of the southern portion of two counties, Navajo and Apache, the combination of which has not happened prior to First Things First. The Navajo/Apache Region does not include the Navajo Nation, the Hopi Tribe, or the Fort Apache Indian Reservation which stretch across the northern and southern portions of both counties. There are 17 communities in Apache County and 20 in Navajo County. Data from the American Community Survey (2006) reveals that the immigration status of the Navajo/Apache Region residents is quite unique compared to the rest of the state. The communities in the region reported less than 5 percent of immigrant (non- U.S citizen) families, which may be due to the location of the region. The largest percentage of births in 2006 for the region occurred among White, Non-Hispanics at 69%, followed by Hispanic/Latinos at 19%, and Native Americans at 9%.

Families and professionals travel throughout the region for work, shopping and services. As a result, many professionals know one another and have worked together on a variety of public health, social service and education-focused projects. This is a significant asset in the region because people here are informed about their communities and are inclined to function collaboratively. The Navajo/Apache Region is made up of sparsely populated close-knit communities, and spread out ranches and farms, with larger population centers where services tend to be available. Both Apache and Navajo Counties are rural; however, Navajo County has more population centers and is less remote than Apache County. The closest metropolitan city is Phoenix, which is 200 miles south-southwest, so travel is a requirement of living here.

Of the children under age five who are enrolled continuously in the Arizona Health Care Cost Containment System (AHCCCS) in Navajo and Apache counties, 76 percent and 71 percent respectively, received at least one visit to a primary care practitioner throughout 2007. Additionally, data for all of Navajo and Apache counties indicates that 1,791 children birth to age five were enrolled in AHCCCS or KidsCare in 2007, which is approximately 27 percent of the

total population of children birth to five years of age. This indicates that there is a significant lack of awareness of health insurance coverage available from AHCCCS and KidsCare. Additionally, this data indicates that there is quite likely a sizable portion of children in the region who do not have access to health or developmental screens, and perhaps do not have access to a primary care physician. However, the White Mountain Regional Medical Center, which serves the southern portion of Apache County, will soon be rolling out a mobile health care van that will have nursing, developmental screenings, health screens, parenting information and family support materials on board. The Council will work with the hospital to promote this service, as well as serve in a consultative capacity with respect to the materials and family support that will be made available. Additionally, Health Choice has rolled out a mobile van that will have laptops available for families to gain easy access to the AHCCCS on line application, as well as personal support to assist families in understanding the questions asked, and navigating the site. This van is available to come to community events that are scheduled within the region at no cost. The Navajo/Apache Regional Partnership Council will informally support the inclusion of this van at appropriate community events.

A recurrent theme that has been voiced by the community is the need for families to have more access to relevant and useful information about their children, as well as to have someone available to answer their questions about child development, developmental delays, discipline, well-baby visits (and getting the most out of them), nutrition, and many more areas of development.

Data indicates that approximately 82% of children within the region birth through age five are in unregulated and unlicensed child care environments. Coincidentally, the White Mountain Regional Medical Center, whose chief executive officer is a dynamic proponent of employer-based child care, is planning to open an employer-sponsored, onsite child care facility in 2009 as an employee benefit. In addition, he has indicated a significant interest in creating a marketing package to demonstrate this benefit to other regional employers. The Navajo/Apache Regional Partnership Council supports this effort and will be implementing a market research and feasibility study to illustrate the viability of this model to other regional employers over the next fiscal year. The Navajo/Apache Regional Partnership Council will also develop an ongoing technical assistance package to ensure successful implementation of high quality centers that will have a significant impact on the availability of child care within this region.

There is a vast community of child care homes that are not licensed or certified but are the primary and certainly most relied-upon source of child care for many families. The Department of Economic Security has several programs in place with the goal of getting these homes licensed; however, there has been very little success at that effort. As of August 2008, there

are a total of seven DES-certified child care homes across the entire Navajo/Apache region. The Navajo/Apache Regional Partnership Council wishes to gain a better understanding of the barriers that exist that seem to be prohibiting so many child care homes from becoming licensed and certified. The current system of licensing child care homes relies on a central office located in Flagstaff where all personnel are housed; these personnel serve Apache, Navajo, Coconino, and Yavapai Counties, all of which have similar geographic and demographic characteristics. This represents a natural opportunity for collaboration between the Navajo/Apache Regional Partnership Council and the Coconino Regional Partnership Councils to gain a clearer understanding of the systemic barriers in place within the existing system by conducting a joint Assessment over the next year that will result in each of our regions being more able to effectively meet this challenge.

There is a significant need to increase the workforce of educated child care professionals within this region. The Navajo/Apache Regional Partnership Council will begin this work by offering scholarships to high school students, who have an interest in the field, beginning with a Child Development Associate Credential, and then moving them successively through a four-year degree in an Early Child Development field. Additionally, a collaborative partnership will be formed to begin the process of creating a learning lab environment for use within the workforce development program, which will also serve as child care for children from birth through age five who are not yet ready for Kindergarten.

Research shows that the most efficacious professional development models rely on course-work and attendance that are linked to a degree or certificate completion. There are several child care centers that encourage their employees to attend S\*CCEEDS trainings, some offer a small stipend to attendees as well. The concern of the Navajo/Apache Regional Partnership Council is that this mode is not linked to proven outcomes. A huge difference in the quality of child care being provided, due to the increased educational levels of the people providing the care, would be realized if college-level course credit could be earned for S\*CCEEDS registered trainings. The results would be years away; however, the systemic shift in availability and accessibility to effective, hands-on, on-going professional development would be monumental.

The Navajo/Apache Regional Partnership Council has identified the following needs, and will strive to work with Northland Pioneer College, regional school districts, neighboring regions, larger educational institutions, and the larger community partnership to:

- Create a larger well- trained, educated, and committed early childhood professional workforce; expand the professional development opportunities for early care and education settings that do not have a professional development support system in place;

- Increase the availability of quality early care and education programs and services;
- Expand access for parents to health information, screenings, and health insurance information;
- Expand the opportunities for parents to have access to the information, supports, and resources they want and need so that they can give their children the best possible foundation for success;
- Address the limited regional community understanding of the importance of early childhood development and health and limited political and financial support around early childhood development and health.

## II. **Prioritized Goals and Key Measures**

The Navajo/Apache Regional Partnership Council has prioritized the First Things First Goals and Key Measures in the following priority:

### **Need: An educated work force of Early Childhood Professionals**

Goal #8: FTF will build a skilled and well-prepared, early childhood development workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education, who are pursuing a credential, certificate, or degree

### **Need: Availability of, and access to high-quality, early care and education**

Goal #3: FTF will increase availability and affordability of early care and education settings.

Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high-quality, diverse and relevant information and resources to support their child's optimal development.

Goal #1: FTF will improve access to quality, early care and education programs and settings.

Key Measures:

- Total number of children enrolled and vacancies in regulated, early care and education programs as a proportion of total population birth to age five
- Current cost of early care and education for families as a proportion of the median income for a family of four
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts
- Percentage of families with children birth through age five, who report they are competent and confident about their ability to support their child's safety, health and well being
- Number and percentage of early care and education programs with access to a Child Care Health Consultant
- Total number of children enrolled in early care and education programs participating in the QIRS system

**Need: Expand access to health information, screenings, and health insurance information**

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Total number and percentage of children with health insurance
- Total number and percentage of children receiving appropriate and timely oral health visits
- Total number and percentage of children receiving appropriate and timely well-child visits

**Need: Access to parent education and information**

Goal #12: First Things First will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being

**Need: Limited understanding of existing barriers to child care homes within the region becoming licensed and certified**

Goal #3: FTF will increase availability and affordability of (quality) early care and education settings.

Key Measures:

- Total number of children enrolled in early care and education programs participating in the QIRS system
- Number and percentage of early care and education programs with access to a Child Care Health Consultant
- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five

**Need: Limited regional community understanding of the importance of early childhood development and health, and limited political and financial support around early childhood development and health**

Goal #15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

- Percentage of Arizonans who report that early childhood development and health issues are important
- Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

### III. Strategy Selection

In September 2008, the Navajo/Apache Regional Partnership Council elected to solicit community input regarding the First Things First Board approved goals. Over 58 percent of community respondents indicated that *access to quality, early care and education programs and settings* needed to be improved and that *a skilled and well prepared early childhood development workforce* needs to be created and enhanced<sup>1</sup>. Results also revealed that just over 48 percent of respondents indicated that the Navajo/Apache Regional Partnership Council needs to *coordinate and integrate with existing education and information systems to expand*

*families' access to high-quality, diverse and relevant information and resources to support their child's optimal development.*<sup>2</sup>

Based on this input, the Navajo/Apache Regional Partnership Council has endeavored to create a foundational, professional-development lattice comprised of community-based trainings that will transfer to the local community college for credit. This will be a mechanism to support the advancement of the educational attainment levels of the current, and future, early care and education workforce through scholarship incentives. It will also lay the foundation for the collaborative development of a hands-on-model school-learning lab to give high school students as well as secondary education students within the early childhood development fields an opportunity to have real-life, hands-on, high-quality learning opportunities within the course content of their chosen track. The Navajo/Apache Regional Partnership Council recognizes and embraces the fact that many parents and non-regulated child care givers are operating lawfully and would like to be able to provide a higher quality, early-care environment and experience for their children. In this endeavor, the Navajo/Apache Regional Partnership Council will work with existing service providers and educational systems within the region to enhance the availability and diversity of information, supports, and materials to parents and community members.

To meet the need for affordable, high-quality, accessible child care, the regional hospital in Springerville has built and will open a child care center that will be available to all employees of the hospital (while they are on campus) and at no cost to the employees. The hospital's CEO has offered to make White Mountain Regional Medical Center's (WMRMC) implementation plan, process, and eventual operational data available to be used as the basis for a regional research and feasibility study to create a report and accompanying technical assistance materials to use as a tool to advocate for other medium- and large-sized employers, and small business cooperatives, to implement their own employer-sponsored, on-site child care centers. Additionally, the Navajo/Apache Regional Partnership Council proposes to partner with the Coconino Regional Partnership Council to conduct an assessment to better understand the reasons behind so few licensed and certified child care homes within the region.

The Navajo/Apache Regional Partnership Council has identified several strategies that will enhance and expand the available network of information and support available for families within the region, including the importance of early literacy and language development, participating in the medical home system, supporting families' efforts to provide safe and healthy environments for their children, and expanding the available and accessible information related to nutrition and healthy living. The home visiting model of family support will also be expanded by adding needed materials related to safe and healthy child development and the availability of other parental information.

The Navajo/Apache Regional Partnership Council has identified three key areas that will be formally supported by the Regional Council to further support the overall fabric of this strategic funding plan. The Regional Council will formally support the public outreach efforts of the Arizona Health Care Cost Containment System's (AHCCCS) Health Choice mobile van, and the White Mountain Regional Medical Center's mobile health van to increase access to health information, developmental screens, and health insurance eligibility information and access to the online application for AHCCCS. The Regional Council will also participate in, and support, a region-wide transportation system work-group to evaluate the public transportation throughout the region and who it might be improved to better serve the needs of families with young children in the region.

The Navajo/Apache Regional Partnership Council will work with community stakeholders to continually refine this plan over time, so that the needs and assets of this region are always an integral part of the work of the Navajo/Apache Regional Partnership Council and First Things First.

Identified Need	Goal	Key Measures	Strategy
<b>An educated work force of Early Childhood Professionals</b>	<b>Goal #8:</b> FTF will build a skilled and well-prepared, early childhood development workforce.	<p>-Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development</p> <p>-Total number and percentage of professionals working in early childhood care and education, who are pursuing a credential, certificate, or degree</p>	<p>The Navajo/Apache Regional Partnership Council has identified the following three strategies that are aligned, and will work together to create the foundation for a strong, well-educated, early care and education workforce:</p> <ul style="list-style-type: none"> <li>• Learning Lab Preschool/Child Care</li> <li>• Recruitment of individuals into the early care and education field through scholarship incentives</li> <li>• Professional Development Pathway System</li> </ul> <p><b>Strategy 1:</b> Creating a collaborative partnership between Northland Pioneer College (NPC), regional school districts,</p>



			<p>regional child care centers, and DES to establish a learning lab for professionals, serving children birth through age five and not yet enrolled in kindergarten. This will increase available quality child care slots, as well as begin the foundation for a well-trained workforce in the ECE profession.</p> <p>Note: this strategy also aligns with Strategy 4 on increasing access to early care and education opportunities for children age zero through five.</p> <p>FY 2010: Establish work-group FY 2011: One new learning lab operating; 15 ECE students FY 2012: 2<sup>nd</sup> new learning lab operating; 15 ECE students</p> <p><b>Strategy 2:</b> Recruitment of individuals into the early care and education field and remaining within this region, using financial incentives through scholarships for CDA/2-year/ 4-year degrees.</p> <p>Service numbers: FY 2010: 5 ECE students, 2 semesters FY 2010: 5 additional ECE students and 5 continuing, 2 semesters FY 2012: 5 additional ECE students and 10 continuing, 2 semesters</p> <p><b>Strategy 3:</b> Create a professional development pathway system that is comprised of two elements:</p> <ul style="list-style-type: none"> <li>• Offer additional TEACH scholarships to child care professionals outside of <i>Quality</i></li> </ul>
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			<p><i>First!</i></p> <ul style="list-style-type: none"> <li>Establish an agreement between S*CCEEDS and the local community college to accept specified S*CCEEDS trainings for college credit towards a credential or degree within the Early Childhood Development Field – available to child care workers and professionals who are not eligible for TEACH</li> </ul> <p>Service numbers: FY 2010 10 TEACH scholarships FY 2011 10 TEACH scholarships FY 2012 10 TEACH scholarships</p> <p>FY 2010: Agreements reached for S*CCEEDS – NPC transfer of content for course credit FY 2011: 8 S*CCEEDS community-based trainings offered for credit; NPC course credit fees paid for 20 ECE students FY 2012: 16 S*CCEEDS community-based trainings offered for credit; NPC course credit fees paid for 20 ECE students</p>
<p><b>Availability of, and access to high quality early childhood programs and services</b></p> <p><b>Limited understanding of existing barriers to child care homes within the region becoming licensed and</b></p>	<p><b>Goal #1:</b> FTF will improve access to quality early care and education programs and settings. <b>Goal #3:</b> FTF will increase availability and affordability of early care and education settings. <b>Goal # 11:</b> FTF will coordinate and integrate with</p>	<p>-Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five</p> <p>-Current cost of early care and education for families as a proportion of the median income for a family of four</p>	<p>The Navajo/Apache Regional Partnership Council has identified four strategies to address access to quality early care and education settings that include the following:</p> <ul style="list-style-type: none"> <li>NPC/Northern Arizona Vocational Institute of Technology (NAVIT) Collaborative Partnership (addressed above)</li> <li>Employer Based Child Care</li> <li>Family Child Care Home Assessment</li> <li>Expanding Existing, or Create New, Child Care Openings</li> </ul>

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<p><b>certified</b></p>	<p>existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<ul style="list-style-type: none"> <li>-Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts</li> <li>-Percentage of families with children birth through age five, who report they are competent and confident about their ability to support their child's safety, health and well being</li> <li>-Number and percentage of early care and education programs with access to a Child Care Health Consultant</li> <li>-Total number of children enrolled in early care and education programs participating in the QIRS system</li> </ul>	<p><b>Strategy 4:</b> Encourage and advocate for large employers to sponsor employer-based child care settings for employees through a communications and education campaign led by a business champion. The campaign will focus on informing employers to educate them on the requirements/costs/procedures/ "employer-felt" benefit information to promote establishing employer-based child care centers.</p> <p>FY 2010: Research and feasibility study completed, with accompanying report and marketing package for businesses. FY 2011: 1st new site operational FY 2012: 2nd new site operational</p> <p><b>Strategy 5:</b> Collaborate with Coconino Regional Partnership Council to conduct an assessment of unregulated family child care homes in the regions in order to determine the reasons why there is a significant lack of Licensed and Regulated Child Care Homes. The outcome of the Assessment is to determine the mechanisms that need to be put in place in order to encourage more Child Care Homes to become licensed and regulated.</p> <p>A strategy, or strategies, will be developed to address the specific needs of the region based on the findings of the assessment.</p> <p>Service numbers: FY 2010: Assessment FY 2011: 10 new child care homes</p>
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Regional Council 2010 Allocation: \$761,591

			<p>FY 2012: 10 new child care homes</p> <p><b>Strategy 6:</b> Expansion of existing, or creation of new, high-quality, early care and education settings.</p> <p>Service numbers: FY 2010: 25 new openings FY 2011: 25 new openings FY 2012: 25 new openings</p> <p>The Navajo/Apache Regional Partnership Council is also proposing the following strategies to improve the quality of, and access to, care and focused on ensuring the developmental and health needs of children are being met and addressed.</p> <p>Strategy 6 is based on a discretionary request.</p> <p><b>Strategy 7:</b> Provide access to a Child Care Health Consultant to licensed and regulated child care homes and centers outside of <i>Quality First!</i></p> <p>Service numbers: FY 2010: 15 child care homes FY 2011: 15 child care homes FY 2012: 15 child care homes</p>
<p><b>Expanded access to health care and health insurance information and support</b></p>	<p><b>Goal# 4:</b> FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>	<p>-Total number and percentage of children with health insurance</p> <p>-Total number and percentage of children receiving appropriate and timely oral health</p>	<p>The Navajo/Apache Regional Partnership Council has identified three strategies to address families' access to health related information and screenings:</p> <ul style="list-style-type: none"> <li>• Providing Oral health Screens, Varnish Application and Related education</li> </ul>

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		<p>visits</p> <p>-Total number and percentage of children receiving appropriate and timely well-child visits</p>	<ul style="list-style-type: none"> <li>Promoting the Health Choice Mobile Van (unfunded)</li> <li>Promoting the White Mountain Regional Medical Center Mobile Health Van (unfunded)</li> </ul> <p><b>Strategy 8:</b> Provide oral health screens and varnish application to infants and toddlers in early child care settings and other appropriate community settings</p> <p>Service numbers: FY 2010: 1000 children FY 2011: 1000 children FY 2012: 1000 children</p>
<b>Access to parent education and information.</b>	<p><b>Goal #11:</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p><b>Goal #12:</b> First Things First will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>-Percentage of families with children birth through age five, who report they are satisfied with the accessibility of information and resources on child development and health</p> <p>-Percentage of families with children birth through age five, who report they are competent and confident about their ability to support their child's safety, health, and well-being</p> <p>-Percentage of families of children birth through age five, who report they maintain language and literacy-rich home environments (e.g. children hear language throughout the day,</p>	<p>The Navajo/Apache Regional Partnership Council is expanding upon and providing new programs to ensure families have access to information and education about early childhood development and health and the tools and resources to support their child's optimal development. The Council has identified:</p> <ul style="list-style-type: none"> <li>Expansion of the Healthy Steps Program into the region</li> <li>Incorporation of nutrition and healthy weight information into early care and education settings, community centers, and organizations</li> <li>Expand, or create new early literacy/language/child development programs within the region</li> <li>Expansion of home visiting programs</li> </ul> <p><b>Strategy 9:</b> Implement Healthy Steps to promote the use of the medical home model, provide parental support and advocacy</p>

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		<p>children have opportunities for listening and talking with family members, books and other literacy tools and materials are available to children)</p> <p>-Percentage of families with children birth through age five, who report reading to their children daily in their primary language</p>	<p>within the medical environment, be a source of parental and family support with information related to child development and health, provide referrals to other relevant and appropriate community programs and services.</p> <p>Service numbers: FY 2010: One new site operational, staff hired and technical assistance begun; build case load to approach 100 children FY 2011: Ongoing case load of at least 100 children FY 2012: Ongoing case load of at least 100 children</p> <p><b>Strategy 10:</b> Incorporate nutrition and physical exercise curriculum/programs with early care and education settings, community centers, and organizations to reduce the number of children who are obese or at risk of becoming obese, as well as to increase parental and caregiver knowledge and understanding of nutrition and healthy eating</p> <p>Service numbers (proposed): FY 2010: 500 families FY 2011: 600 families FY 2012: 700 families</p> <p><b>Strategy 11:</b> Expand, or create new early literacy/language/child development programs within the region</p> <p>Service numbers (proposed): FY 2010: 200 families FY 2011: 300 families FY 2012: 400 families</p>
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			<p><b>Strategy 12:</b> Expand the number of families receiving home visitation through the expansion of current programs or through the implementation of new programs available in the region</p> <p>Service numbers (proposed): FY 2010: 400 families FY 2011: 400 families FY 2012: 400 families</p>
<p><b>Limited regional community understanding of the importance of early childhood development and health, and limited political and financial support around early childhood development and health</b></p>	<p><b>Goal #15:</b> FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona</p>	<p>-Percentage of Arizonans who report that early childhood development and health issues are important</p> <p>-Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters.</p> <p>-Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts</p>	<p><b>Strategy 13:</b> Engage in a communications campaign in partnership with the First Things First Board to mobilize the community around early childhood development and health.</p> <p>Additional communications campaign work and funding is allocated for regional-specific communications.</p>

## Strategy Worksheets

### Strategy 1: Early Childhood Learning Lab/Model School

Throughout the region, there is a significant lack of educated and well-trained early childhood care providers. Many centers have a high rate of employee turnover, which results in poor continuity of care for the children in those centers. The current emphasis within the field requires early care and education teachers to have a college-level degree, beyond the Child Development Associate Credential. This has further diminished the availability of teachers within the field who have the appropriate education.

The Navajo/Apache Regional Partnership Council sees this community need as a tremendous opportunity to create a foundational system to begin the flow of trained and educated early care and education professionals. During the next year, the Council will create a collaborative partnership between Northland Pioneer College, regional school districts and school boards, regional child care centers, regional NACOG Head Start Centers, Department of Economic Security, Navajo and Apache County Workforce Development, teachers, parents and families, and other community partners to create an Early Childhood Development, curriculum-based, learning lab model for child care and preschool.<sup>345</sup>

Several regional high schools currently participate in a technical education program in collaboration with the local community college, Northland Pioneer College, which allows participating high school students to take college level course work, gain on-the-job experience, and ultimately graduate from high school with a concurrently earned Certificate, or Associates level degree within their chosen field.<sup>6</sup>

The goal of this Learning Lab/Model School will be to create a hands-on, on-the-job, training opportunity for early care and education students who are interested in the field.<sup>7</sup> Early Care and Education Students will be exposed to child care and preschool curricula and practices that demonstrate developmentally appropriate practices, align with the Arizona Early Learning Standards, and focus on best practices in all phases of the program. Upon high school graduation, students will be well-prepared to earn their CDA. Additionally, this model could create an opportunity for students at the college level to gain practicum skills, hone their observation skills, and gain additional invaluable real-life insight into the workings of a child care center and/or preschool.

The learning-lab could be housed on, or very close to, a regional high school campus, or community college campus, and would serve as a hands-on learning opportunity for high school and secondary education students interested in the Early Childhood Development and Health professions<sup>89</sup>, as well as a fee-based child care facility for the community. This will increase available quality child care slots, as well as begin the foundation for a well-trained work force in the Early Childhood Development professions.<sup>1011</sup>

A task of the Navajo/Apache Regional Partnership Group will be to design a fee schedule that utilizes DES subsidy for eligible children and families, as well as other revenue streams. A fee schedule will need to be created that will ultimately support the majority of the costs of the Learning Lab, so that it can remain in operation after FTF monies are no longer supporting it. The Navajo/Apache Regional Partnership Group will be responsible for locating and securing additional funding streams to support



the Learning Lab/Model School.

The intent of the FTF investment in this project is to be “seed money” and the eventual grantee will be responsible for securing any additional needed funds. To support this eventual fiscal ownership of the Learning Lab, the following funding schedule will be utilized.

A phase-out approach that requires the grantee to gradually take on all costs within 6 years.

Year 1 – 100% funding

Year 2 – 80% funding

Year 3 – 60% funding

Year 4 – 40% funding

Year 5 – 20% funding

Year 6 – grantee 100% self-funding

Significant work will need to be done to create a workable model for the fee schedule that will allow the center to be fully self-supporting with a combination of DES subsidy funding combined with family co-pays and some additional amount paid as tuition by families. The goal of this model will be that the hosting entity will not be financially responsible for the child care center; and this center will ultimately be a valuable resource for the community, as well as a vibrant partnership between the school district, community college, and the child care community. The Navajo/Apache Regional Partnership Council will place priority on grantee applications that are based on collaborative relationships between existing regional agencies and organizations.

**Lead Goal:** FTF will build a skilled and well-prepared, early childhood development workforce.

**Key Measures:**

Total number and percentage of professionals working in early childhood care and education, who are pursuing a credential, certificate, or degree.

**Target Population:**

Members of the collaborative partnership team: school districts and school boards, Northland Pioneer College Department of Early Childhood Development, regional child care center and home directors, Department of Economic Security

High school and secondary education students within the early care and education fields

	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
<b>Proposed Service Numbers</b>	Work group established, program created	First new program site; 15 ECE students in	Second new program site; 15 ECE students

		program	3-yr. total = Two program sites, 30 ECE students
<b>Performance Measures SFY 2010-2012</b>  FY 2010: Work group established and programmatic plan/design/agreements in place FY 2011: One new program site operating; number of ECE students in program/target of 15 FY 2012: Second new program site operating; number of ECE students in program/target of 30			
How is this strategy building on the service network that currently exists: <ul style="list-style-type: none"> <li>• Northland Pioneer College (NPC) participates in the Northern Arizona Vocational Institute of Technology (NAVIT) program, which is a formal collaborative articulation agreement between the college and regional school districts that allows interested high school students to attend college-level courses and obtain hands-on, job training while attending high school. There are a variety of NAVIT certificate programs available, of which Early Childhood Development is one. This NAVIT strand could be expanded to incorporate the learning-lab model that would allow high school students to have hands-on training and learning opportunities within the environment of an operating child care setting serving children from infancy through five years of age.</li> <li>• There is a region-wide need to increase the workforce of early care and education workers; this would benefit both private and public child care centers and preschools, as well as families who choose to utilize home-based child care, rather than center-based child care.</li> </ul>			
What are the opportunities for collaboration and alignment: <ul style="list-style-type: none"> <li>• Will require active participation from Northland Pioneer College; regional school districts with an interest in having on-site child care and fee-based preschool – not a substitute for IDEA mandated preschool, NACOG Head Start Centers and private child care centers, Department of Economic Security participation with respect to establishing fee schedules and subsidy levels.</li> <li>• This strategy will require significant infrastructure work. The model used by the Yavapai Early Learning Center may be applicable, as may components of the Alchesay Beginning Child Development Child Care Center in Whiteriver. The advisory partnership group will be responsible for program creation that aligns with Arizona Department of Education requirements for high school course work, Northern Arizona Vocational Institute of Technology requirements for program articulation, course work and curriculum requirements for community college level course credit, as well as the program design itself. The details of specific staff degree/education requirements will be determined and outlined by this workgroup.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>			
Population-based Allocation for proposed strategy	\$216,053 Total; \$50,000 to fund Partnership Group in FY 2010 \$166,053 carry-forward to FY 2011		

<b>Budget Justification:</b>  Recommend allocating funds for initial implementation of this program in FY 2011 in the amount of \$166,053.00 as a carry forward from FY 2010. FY 2011 placeholder for this strategy is \$150,000.00.  Recommend FY 2010 as a planning year to convene a work group to develop program specifics. Work group funding at \$50,000.00 for travel, training, communications and materials; if a site is identified within the first fiscal year, this money set aside for the planning committee may be used in part to begin, or complete, the licensure and regulatory process for the center.  Teacher qualifications, cost breakdown and actual specific staff requirements will be determined by the outcome of the work group over FY 2010.	

## **Strategy 2: Recruitment of Early Care and Educational Professional Workforce**

Within the Navajo/Apache Regional, there is a significant lack of educated and well-trained early care and education workers and professionals. Child care centers throughout the region experience a very high turnover rate and many struggle to provide continuity of care.

Research shows that the vast majority of a child's brain grows and develops between the ages of birth and three years of age<sup>1213</sup>; additionally, by age five, the vast majority of that growth has stopped<sup>1415</sup>. Research also indicates that children benefit from structured, predictable, safe environments where they are free to grow and develop in a healthy way, secure in the knowledge of their own safety and self-worth<sup>16</sup>. This type of environment will foster positive social-emotional skills, language and relational skills, as well as a higher level of cognitive development due to the increased levels of serotonin produced when the brain<sup>1718</sup>, and therefore the child, feels safe<sup>19</sup>.

Several studies show that increased levels of teacher education are related to higher levels of early care and education quality.

The components of this strategy include:

- Recruitment of early childhood professionals into the field who will remain within this region, using scholarships as financial incentives, and a work-obligation to remain in the field within the region.
- Graduates of the scholarship program will be expected to remain in the early childhood field within the Navajo/Apache Regional for a period of **two years** after they complete the credential/degree program.
- Requirement of a grade of "C" or above in order to receive reimbursement for a particular course's costs.
- Specific criteria for successful applicants will be established by the Navajo/Apache Regional Partnership Council. An agreement will be reached with the Show Low Lions Club to complete scholarship review and make recommendations to the Navajo/Apache Regional Partnership Council.
- Applicants must exhaust all other sources of financial assistance prior to being awarded this scholarship. This scholarship funding will not replace any existing funding streams, or scholarship sources.
- Applicants who are eligible for a Professional Career Pathway Project (PCPP) scholarship, T.E.A.C.H., or any other scholarship program, must utilize those opportunities prior to having this scholarship awarded.

**Lead Goal:** FTF will build a skilled and well-prepared, early childhood development workforce.

### **Key Measures:**

1. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.

<b>Target Population:</b> Interested students who want to pursue degrees in early childhood fields, with at least a high school diploma, and who intend to remain in this region.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>  July 1, 2009 –  June 30, 2010	<b>SFY2011</b>  July 1, 2010 –  June 30, 2011	<b>SFY2012</b>  July 1, 2011 -  June 30, 2012
	5 ECD students 10 CDA applicants  2  Semesters	10 ECD students 10 CDA applicants  2  semesters	15 ECD students 2 semesters  10 CDA applicants  3-yr. total =  25 students over 6 semesters  30 CDA applicants
<b>Performance Measures SFY 2010-2012</b>   1. Number of degreed professionals in early care/Proposed service number  2. Number of degreed professionals in early care/Actual service number			
How is this strategy building on the service network that currently exists: <ul style="list-style-type: none"> <li>• Northland Pioneer College is the community college that serves this area and offers several certificate and degree programs through the Division of Early Childhood Development.</li> <li>• University of Phoenix offers a two-year Associates of Applied Science Degree online.</li> <li>• Northern Arizona University, Arizona State University, and The University of Arizona all offer applicable degree programs and course work.</li> </ul>			
What are the opportunities for collaboration and alignment: <ul style="list-style-type: none"> <li>• Will require collaboration with an outside entity to manage the scholarship program</li> <li>• The Lions Club of Show Low has a scholarship review committee that reviews educational scholarships for all ages.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed	\$14,000		

strategy	
<p><b>Budget Justification:</b></p> <p>Based on full-time attendance at Northland Pioneer College at 15 or more credits per semester, tuition would be<sup>20</sup> \$720 per semester; the Navajo/Apache Regional Partnership Council will consider scholarship applications for students to attend schools or colleges other than Northland Pioneer College. <b>For budget allocation purposes only</b>, the fee schedule for Northland Pioneer College, assuming full time attendance, has been utilized. The Navajo/Apache Regional Partnership Council may consider awarding a mixture of part- and full-time scholarships.</p> <p>\$1,440.00 = \$720.00 tuition allowance per semester x 2  \$ 200.00 = \$100.00 course fees allowance per semester.  \$ 500.00 = \$250.00 books allowance per semester.  <u>\$ 10.00</u> per student, per year, for administrative costs to manage the scholarship awards.  \$2,150.00 per full-time student for two semesters.</p> <p>\$10,750.00 = 5 full-time students per FY  <u>\$ 3,250.00</u> = \$325.00 for CDA fees X 10 applicants per FY  \$14,000.00 total allocation for strategy for FY 2010.</p> <p>The Navajo/Apache Regional Partnership Council will consider a wide selection of scholarship requests for part- and/or full-time students who are pursuing a credential or degree within an Early Childhood Development related field through an accredited college or university.</p> <p>Allocation for FY 2011: \$24,750  Allocation for FY 2012: \$35,500</p>	

### **Strategy 3: Professional Development Pathway System**

There is a significant need to increase the educational level of the early care and education workforce. Specifically, opportunities need to be made available and accessible to professionals who are employed in the field, typically at wages just above minimum wage, to increase their knowledge base within the early care and education field. Affordability of college-level course work is typically out of reach for many child care workers, especially when the time needed to complete classes is considered.

Statistics show there is a high rate of turnover in the early care and education field. Research shows that offering training opportunities for career advancement will help to recruit and retain staff. The professional development pathway will allow early care and education professionals to choose their own path—inspiring them to continually develop their professional abilities. As a result, individuals who take the initiative to increase their education and training may be rewarded with increased compensation and the satisfaction of knowing they are providing children and families with the best care possible<sup>2122</sup>.

Arizona's T.E.A.C.H. program will be the catalyst for enhancing existing programs and resources and bundling them into a more comprehensive system. The scholarships and infrastructure will provide a mechanism for identifying and building collaboration among principal stakeholders and programs, such as institutions of higher education, the Department of Economic Security—Professional Career Pathways Program, S\*CCEEDS (Statewide Child Care and Early Education Development System), etc. T.E.A.C.H. is a strategy benefitting children, families and programs by addressing workforce under-education, which negatively impacts the quality of early care and education.

- *Benefits to children:* higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children
- *Benefits to families:* early childhood professionals, who remain with their programs and continuously advance their skills and knowledge, are better able to build relationships with children and families and to foster their growth and development
- *Benefits to programs and staff:* support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention

The Navajo/Apache Regional Partnership Council recognizes that many avenues to high quality professional development need to be available to the early care and education workforce at many levels of education – from community-based education for those beginning the journey toward their CDA, to the need for accessible, relevant, high-quality, ongoing continuing education opportunities for those who have degrees, licenses, or credentials that they need to maintain through continuing education. The Navajo/Apache Regional Partnership Council proposes to offer two avenues for child care professionals:

#### **A . Offer additional T.E.A.C.H. scholarships to child care professionals outside of *Quality First!***

- The model calls for 10% contribution from the employer, 10% from the student/employee, and 80% from FTF.
- The employer needs to be willing to commit to the program. This model also calls for a

bonus to be offered to the employee once the degree is completed. Although this expense is likely several years in the future, the employer needs to be willing to provide this bonus to the employee upon completion.

- The Navajo/Apache Regional Partnership Council could determine the amount of the bonus, and include it in the amount awarded in the RFGA. A typical bonus amount is a one-time \$500.00 bonus upon completion of the degree/certificate.
- The T.E.A.C.H. model is branded, and cannot be altered or changed in any way<sup>23</sup>.

**B. Offer community-based trainings that will be accepted towards course credit at Northland Pioneer College for non-T.E.A.C.H.-eligible early care and education workers and professionals**

The Navajo/Apache Regional Partnership Council recognizes that the T.E.A.C.H. model is contingent upon the child care center, or home, being eligible and willing to participate in the T.E.A.C.H. program, and that this may be a barrier to some members of the child care workforce. The Navajo/Apache Regional Partnership Council does not want to prevent any child care professional from benefitting from ongoing, effective, professional development. Therefore, the Navajo/Apache Regional Partnership Council will allocate funds to make this opportunity available for child care professionals, who are unable to participate in T.E.A.C.H. Additionally, the Navajo/Apache Regional Partnership Council recognizes that many child care professionals are unable to take time off work to attend classes; and therefore, the traditional educational model will not work for many people in this community.

The Navajo/Apache Regional Partnership Council has endeavored to create a system for a set of registered S\*CCEEDS trainings to be cumulatively accepted towards course credit with Northland Pioneer College. In order to take advantage of this opportunity, S\*CCEEDS registered students would need to be registered as students with Northland Pioneer College within a degree program in the Division of Early Childhood Development and would need to attend 15 Carnegie hours of training, which is eight, two-hour S\*CCEEDS trainings, to earn the equivalent of one college course credit. An advisory work group will be formed to create the framework for this program, to solidify the agreements with Northland Pioneer College to accept this method of instruction delivery, and to determine the administrative home to manage the accumulating S\*CCEEDS credits so that they transfer accurately. This set of S\*CCEEDS trainings would be applicable for professionals that need to maintain a certain number of continuing education hours as well. The Navajo/Apache Regional Partnership Council would like to create a set of “standardized” qualifications, education and training requirements and regulations for various program funding sources and workplace settings, which would include:

- An easier way for current practitioners and those entering the field to seek increased education and better pay and to find movement within our education and training system
- Solutions for agreement issues such as:
  - Clock hour training that “counts” toward college credit
  - Courses that transfer and “count” toward the next level
  - A coherent system of assessment of prior learning
  - A way for individual practitioners, programs, early care and education agencies and organizations to unite and share resources in innovative ways that will increase the availability and affordability of quality training and professional development opportunities”<sup>24</sup>

The above model would utilize S\*CCEEDS-registered trainers and a specified set of S\*CCEEDS-approved



training modules. In order for participants to obtain course work credit from Northland Pioneer College for attendance at S\*CCEEDS-registered trainings, the following will need to be established:

- An agreement between Northland Pioneer College (NPC) and S\*CCEEDS for NPC to accept proof of attendance at S\*CCEEDS-registered trainings for course credit
- Teachers and Directors wishing to obtain NPC credit will need to be registered with S\*CCEEDS and with NPC as a student.
- An Advisory Workgroup will need to be formed to create the processes for this agreement, as well as establish the Administrative Home for this program. The Administrative Home will need to track attendance, and assure S\*CCEEDS approval of instructors and training modules.
- These trainings will be available free of charge for all who attend and all will receive S\*CCEEDS credit; however, to be awarded NPC credit, the student will need to be enrolled at NPC as well.
- A specified set of S\*CCEEDS modules will need to be identified and possibly created, in order to be identified as eligible for course credit transfer to NPC. Additionally, NPC will need to approve the content of the modules as meeting the content/curriculum requirements for the specific class to which they will articulate.
- This model will require an agreement with Northland Pioneer College to accept attendance at these specific trainings for course credit toward a degree or credential program.

The work-product of the Advisory Workgroup will be the accomplishment of the following and will form the basis and content of the future strategy that will be proposed to the Board:

- Effectively link credential and degree programs and community-based training entities
- Identify core knowledge and skills within the training and education programs that are required by different types of employers
- Facilitate smooth transitions through the educational system for students to attain meaningful credentials, degrees, and employment
- Encourage the development of articulation agreements that support a continual pathway for transfer of education credits
- Enhance public recognition of early care and education practitioners as professionals
- Provide a consumer education tool for parents
- Encourage efforts toward increased compensation

**Lead Goal:** FTF will build a skilled and well-prepared, early childhood development workforce.

**Key Measures:**

1. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

**Target Population :**

Child Care professionals employed in licensed child care centers or homes, not already receiving a T.E.A.C.H. Scholarship through *Quality First!*

	SFY2010	SFY2011	SFY2012
	July 1, 2009 –	July 1, 2010 –	July 1, 2011 -

Navajo/Apache Regional Partnership Council  
Regional Council 2010 Allocation: \$761,591

Proposed Service Numbers	June 30, 2010	June 30, 2011	June 30, 2012
	10 TEACH Scholarships	10 TEACH Scholarships	10 T.E.A.C.H. Scholarships
	Advisory group formed, agreements reached	20 students in S*CCEEDS-NPC program	3-yr. total = 30 T.E.A.C.H. Scholarships  20 students in S*CCEEDS-NPC program
Performance Measures SFY 2010-2012			
<ul style="list-style-type: none"><li>Number of professionals pursuing degree in early childhood/Actual service number</li></ul>			
How is this strategy building on the service network that currently exists:			
<ul style="list-style-type: none"><li>Courses will be offered by Northland Pioneer College, which is the community college that serves the Northeastern portion of Arizona.</li></ul>			
What are the opportunities for collaboration and alignment:			
<ul style="list-style-type: none"><li>This strategy will be implemented in collaboration and alignment with the First Things First State Board.</li><li>There are several S*CCEEDS trainers in the region and The Blake Foundation currently holds a contract to provide the S*CCEEDS trainings throughout the region. Sharon Raban is a S*CCEEDS Trainer, based in St Johns, who is available to offer additional trainings.</li></ul>			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$29,000 total allocation		
Budget Justification:			
T.E.A.C.H.			
\$1,650.00 per student, per year (T.E.A.C.H. recommended cost)			
\$1,050.00 Release time and travel stipend per semester			
\$2,700.00 per T.E.A.C.H. Scholarship			
Advisory Workgroup to create the S*CCEEDS – NPC Program, the Navajo/Apache Regional Partnership Council will allocate \$2,000 for FY 2010.			

#### **Strategy 4: Advocate for on-site, employer-sponsored child care**

There is currently a significant lack of high-quality child care in the region. Additionally, the cost of the available high-quality child care is often not affordable for many families. The availability of high-quality, on-site employer sponsored child care would make a tremendous economic difference for many families in the region;<sup>25</sup> and will make a significant impact on the availability of a dedicated and well-performing workforce throughout the region<sup>2627</sup>.

Several recent studies, among them a study completed in 2004 by the Upjohn Institute, authored by Rachel Connelly, et al.<sup>28</sup>, indicate that employer sponsored child care not only leads to workforce retention and increasing employee morale (across all employees, including those who do not use the benefit), but is also cost effective for the employer and in most cases employers will see a cost savings in a short period of time<sup>2930</sup>.

This model of employer-sponsored child care as a part of the employee benefits package available to all WMRMC employees is a model that has not been implemented in this region until now. This project will make high-quality child care slots available to all children of employees of the hospital—approximately 70 children. This will have the effect of doubling the available child care slots within the communities of Eagar and Springerville.

The Navajo/Apache Regional Partnership Council will encourage and advocate for large employers to sponsor employer-based child care settings for employees<sup>3132</sup>. This strategy would include a training component intended for employers to let them know the requirements, costs, procedures and “employer-felt” benefit information to promote establishing employer-based child care centers. This strategy needs to include a significant portion of communications funding. The report and technical assistance material package will be applicable to other rural areas in Arizona and will be based on data and actual cost figures to implement an employer-sponsored center in Apache County, Arizona, where the costs (in workforce availability and retention, operational, and material cost, once travel is figured in) are arguably higher than in the rest of the State of Arizona.

The final report will incorporate and accomplish the following:

- The marketing and communications package will have an evaluation component that will be developed and handled by the eventual grantee.
- Conduct regional feasibility study related to creating more on-site, employer-sponsored child care centers within Southern Apache and Navajo Counties
- Utilize White Mountain Regional Medical Center’s on-site child care center as the model and utilize the hospital’s data regarding financials related to the child care center, legal requirements, licensing process and requirements, hiring protocols, physical space design and requirements for the child care center itself; as well as collect, analyze, and report the tangible and non-tangible employer cost-benefit information from the hospital.
- Create a high-quality report outlining the benefits to employers of offering on-site employer sponsored child care<sup>33</sup>. Components of the final package will be determined by the Navajo/Apache Regional Partnership Council.
- Conduct outreach and follow-up with regional large employers, as well as with groups of small employers and small businesses who may wish to join together to establish a cooperative

<p>child care center available to their own employees.</p> <ul style="list-style-type: none"> <li>• Conduct employer orientation and technical assistance, as needed, to create a successful child care program; coordinate with existing professional development programs, Northland Pioneer College, NAU, and other regional child care providers to build the work-force.</li> <li>• The procedural steps needed to be completed by the employer to open a duly licensed and regulated child care center, able to accept tuition-based children as well.</li> <li>• The Navajo/Apache Regional Partnership Council may want to have the marketing firm located in this region do this work; another possibility is to contact the State University system to offer a stipend to a graduate student in the Marketing/MBA program, as well as office space and housing, in exchange for his/her completing the marketing package for this strategy.</li> </ul> <p>Additionally, the creation of marketing and communications materials and messaging to target:</p> <ul style="list-style-type: none"> <li>• regional medium and large employers,</li> <li>• groups of small businesses, who may choose to form a cooperative to create their own site</li> <li>• other rural communities in Arizona</li> </ul> <p>Study guidelines:</p> <ul style="list-style-type: none"> <li>• The grantee will ensure that the protocol and methodology of the study, as well as the data collection instrument, will be submitted to the First Things First Evaluation Division for review prior to implementation of the study.</li> <li>• All data collected will be submitted to the First Things First Evaluation Division.</li> <li>• All criteria of the study must meet the predetermined questions of the Navajo/Apache Regional Partnership Council.</li> </ul>
<p><b>Lead Goal:</b> FTF will increase availability and affordability of early care and education settings.</p> <p><b>Goal:</b> FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</p>
<p><b>Key Measures:</b></p> <ol style="list-style-type: none"> <li>1. Current cost of early care and education for families as a proportion to the median income for a family of four</li> <li>2. Total number of children enrolled and vacancies in lawfully operating early care and education programs as a portion of the total population of children birth to five</li> </ol>
<p><b>Target Population:</b></p> <p>Tucson Electric Power Company, Salt River Project, APS, Summit Regional Medical Center, Northland Pioneer College</p> <p>Additionally, this model could be modified to meet the needs of several small businesses, who may wish</p>

to form a group to create a collaborative employer-sponsored child care in the strip mall where they are located, or rent additional space in which to house the center. This model will be applicable to other rural areas across the state, and will be available to go “on the road.”

**Note:** Once the package is created, it can be used for several successive program start-ups.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Proposed service numbers for FY 2011 and FY 2012 will be contingent on the findings of the feasibility study.	Marketing Package Completed	One new Employer-sponsored center	Second new Employer-sponsored center

#### Performance Measures SFY 2010-2012

1. FY 2010 Creation of PR packet and business-oriented educational materials regarding employer sponsored child care model and actual data from WMRMC.
2. Number of infants and toddlers enrolled in early care and education programs /Actual service number
3. Rates (cost) of early care and education programs/strategic target
4. Percent of parents who report improved affordability of care/ strategic target
5. Performance measures related to the communication and education facets of this strategy will be determined at a later date in collaboration with the regional, evaluation, and communications divisions.

How is this strategy building on the service network that currently exists:

- Availability of on-site, employer-sponsored, child care slots will free up existing slots within the community of private child care centers, making those slots available to other children in the region

What are the opportunities for collaboration and alignment:

- Will require buy-in from regional employers to implement the employer-sponsored child care model. Will require an available workforce of educated and trained staff.

**SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)**

Navajo/Apache Regional Partnership Council  
Regional Council 2010 Allocation: \$761,591

Population-based Allocation for proposed strategy	\$50,000
<b>Budget Justification:</b> FY 2010: \$50,000: Regional feasibility and market research study  FY 2011 and FY 2012: \$25,000 For ongoing Technical Assistance to assist one new on-site, employer-sponsored child care center per year	

#### **Strategy 5: Child Care Home Study**

Information available for the region indicates that 82 percent of children from birth through age five are cared for in family, friend, or neighbor care settings. Currently, there are seven DES certified child care homes across the entire region, with a small collection of licensed family group homes. At this time, the Navajo/Apache Regional Partnership Council does not have enough information to understand the reasons and barriers that are preventing child care homes from becoming licensed and certified through the Department of Economic Security, or the Arizona Department of Health Services, depending on the level of service that the child care home might provide.

Given these facts, and the low numbers of certified family child care homes in the region, the Navajo/Apache Regional Partnership Council will partner with the Coconino Regional Partnership Council to conduct an area-wide study over the course of one year regarding this phenomena:

1. Family choice for child care
2. Barriers to becoming a certified Family Child Care provider
3. Barriers to certified Family Child Care providers engaging in established programs for increasing quality.

Upon completion of this study, we will design strategies based on the information attained.

Completion of the assessment to evaluate the most effective mechanisms to target the population of lawfully operating child care homes will provide the basis for a strategy(ies) to most effectively increase the number of licensed and regulated child care homes.

Program participation will require that the child care home participate in a pre- and post-study evaluation; as well as planned participation in *Quality First!*, within a year or two of licensure.

A specific strategy will be developed to address the needs of the region based on the findings of the assessment.

#### **Study guidelines:**

- The grantee will ensure that the protocol and methodology of the study, as well as the data collection instrument, will be submitted to the First Things First Evaluation Division for review prior to implementation of the study.
- All data collected will be submitted to the First Things First Evaluation Division.
- All criteria of the study must meet the predetermined questions of the Navajo/Apache Regional Partnership Council.

**Lead Goal:** FTF will increase availability and affordability of early care and education settings.

#### **Key Measures:**

<ol style="list-style-type: none"> <li>1. Total number of children enrolled in early care and education programs participating in the QIRS system</li> <li>2. Number and percentage of early care and education programs with access to a Child Care Health Consultant</li> <li>3. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five</li> </ol>			
<b>Target Population:</b>  Family child care homes that are not currently licensed or regulated, and are operating lawfully			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>  July 1, 2009 –  June 30, 2010	<b>SFY2011</b>  July 1, 2010 –  June 30, 2011	<b>SFY2012</b>  July 1, 2011 -  June 30, 2012
	Completion of Assessment	10 new regulated child care homes	10 new regulated child care homes  3-yr. Total =  20 new regulated child care homes
<b>Performance Measures SFY 2010-2012</b>  <ol style="list-style-type: none"> <li>1. Number of DES-certified homes in the region</li> <li>2. Number of new family child care homes providing care for infants and toddlers/ Proposed service number</li> </ol>			
How is this strategy building on the service network that currently exists: <ul style="list-style-type: none"> <li>• Currently, there are a total of seven DES- licensed child care homes in the entire region; however, 82 percent of children from birth through age five are in un-regulated care of some type.</li> </ul>			
What are the opportunities for collaboration and alignment: <ul style="list-style-type: none"> <li>• Early Childhood Network meetings occur monthly; collaboration with Association for Supportive Child Care, and Child Care Resource and Referral to assure that services are not duplicated, and that as large a group of partners as possible is reached.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this</b>			



<b>strategy)</b>	
Population-based Allocation for proposed strategy	\$50,000
<p><b>Budget Justification:</b></p> <p>\$50,000 for FY 2010: \$35,000 consultant for conducting interviews, writing the assessment and report, and making recommendations; \$4,000 for travel throughout the region; \$2,500 for meetings; \$5,000 for survey distribution and printing costs and \$3,500 for outreach or incentives for survey completion (\$10 gift card per survey completed).</p> <p>\$75,000 for FY 2011 and FY 2012 to be made available for home improvement grants to bring a home up to code, or to meet the licensing requirements; additionally, these funds could be made available to participating homes for specific training costs, materials, licensure fees. These funds will be made available to child care homes wishing to become licensed and certified.</p>	

### Strategy 6: Expansion of Child Care Openings

The Navajo/Apache Regional Needs and Assets Report revealed that 18 percent of our region's children are in a child care setting that is regulated; this leaves approximately 5,300 children in unregulated child care of some type. Additionally, there are only two regulated and licensed child care centers in southern Apache County – Teddy Bear Haven in Springerville and Magical Moments in St Johns. There are no center-based care facilities in the small communities of Concho, Vernon, Alpine, or Sanders in Apache County. There are several child care centers in Navajo County, all of which are usually at capacity. There are seven licensed and regulated child care homes in the entire region. The availability of quality child care and preschool is a primary concern of this Council; the strategies that have been recommended by this Regional Council will greatly improve the network of services available for families and children within this region. However, the Navajo/Apache Regional Partnership Council has not been able to allocate funds to increase child care or preschool openings.

Research indicates that children's outcomes are greatly affected by the quality of the program. Low-quality care can indeed have negative effects on children's development. Therefore, careful attention must be paid to the quality of program to ensure a worthwhile investment.<sup>34</sup>

Components of a high quality early care and education setting are:

- **Standards and Accountability:** High quality services have in place a system of standards and accountability such as performance or program standards, monitoring or reporting mechanisms including annual or cyclical visits by an outside assessor.
- **Ongoing assessment:** System of assessment of children's progress and program effectiveness that support individual children's learning and development, as well as programs' continuous improvement<sup>35</sup>
- The Council may want to require periodic developmental screening be offered to all enrolled children, using Ages and Stages, or another screening tool, accompanied with the appropriate referrals out for children who need further screening/evaluation.
- **Adult to Child Ratio:** Fewer children for each adult is better. The younger the child, the smaller the ratio: 1:4 (one adult for four infants) and 1:10 (one adult for ten preschoolers) are optimal ratios
- **Group Size:** Smaller groups are better, the younger the child, the smaller the group size. No more than 8 infants and 20 preschoolers should be in a group
- **Director Qualifications and Leadership:** Philosophy and standards are set or led by the Director. Administrative skills guide center operations.
- **Teacher/Caregiver Qualifications:** Degrees and specialized training result in better child outcomes. Staff receives continuing education.
- **Curriculum:** Well-designed, research-based, culturally and linguistically sensitive, and aligned with early learning standards (Arizona Early Learning Standards, Head Start Performance Standards); is developmentally and culturally appropriate, stimulating and intentional.

Grantees will be encouraged to become DES-certified and to accept DES payments. Sliding fee schedules could be created and implemented by grantees based on the need of the center or home, the ability of the family to pay, and the availability of other assets to offset the tuition costs.

Participating centers will be required to apply for participation in *Quality First!*

The Regional Council may want to include funding for one-time, start-up costs or capital expenditures to assist new centers or homes in completing needed expansion or remodeling. A set amount could be identified (\$50,000, for example) as a one-time expense. All of the requirements of a capital expenditure would need to be met – 50 percent match in-kind, or in cash, ongoing ownership plan and evidence of community ownership of the program.

**Lead Goal:** FTF will increase availability and affordability of early care and education settings.

**Goal:** FTF will improve access to quality early care and education programs and settings.

**Goal:** FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measures:**

1. Percentage of families of children birth through age five who report they maintain language- and literacy-rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).
2. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.
3. Ratio of children referred and found eligible for early intervention.
4. Total number of early care and education programs participating in the QIRS system.

**Target Population:**

Children two weeks through five years of age, region wide, with a focus on communities where center-based child care does not currently exist.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	25 additional child care slots	25 additional child care slots	25 additional child care slots  3-yr. total = 75 additional child care slots

**Performance Measures SFY 2010-2012**

1. Number of children served at target quality level/Proposed service number
2. Number of ethnic or low socio-economic level children at early care centers/Actual service

number 3. Number of quality early care and education programs/Proposed service number 4. Number of children screened/Proposed service number 5. Number of new family child care homes providing care for infants and toddlers/Proposed service number	
How is this strategy building on the service network that currently exists: <ul style="list-style-type: none"> <li>• There are 7 DES-licensed child care homes, and 18 DES-licensed child care centers in the region.</li> <li>• This strategy will create additional high-quality child care slots within the region.</li> </ul>	
What are the opportunities for collaboration and alignment: <ul style="list-style-type: none"> <li>• Families in the region who would like to do this work, but need guidance and support</li> <li>• Head Start and Early Head Start Programs are available to use as models for new programs</li> <li>• Northland Pioneer College is an available resource for education and professional development</li> <li>• S*CCEEDS trainers are available in the region to provide staff and parent trainings, free of charge</li> </ul>	
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>	
Population-based Allocation for proposed strategy	\$275,000 <b>DISCRETIONARY FUNDING REQUEST</b>
<b>Budget Justification:</b>  \$200,000 = (\$8000 x 25 openings) Baseline amount per child, per year, for full-time, full-day, full-year care. \$ 50,000: Allocation for capital investment (subject to 50 percent match requirements) <u>\$ 25,000</u> : Administrative home costs \$275,000  <b>DISCRETIONARY FUNDING REQUEST</b>	

### **Strategy 7: Child Care Health Consultant**

Data indicates that approximately 82 percent of children within the Navajo/Apache Region birth through age five are in unregulated, and unlicensed, environments.<sup>36</sup>

Child Care Health Consultation (CCHC) has been shown to promote healthy and safe environments for children in child care and encourage child care settings (centers and family child care homes) to implement the highest standards of health and safety on behalf of the children in their care. CCHC have also been proven to be an essential element in achieving high-quality early care and education programs and in maintaining the quality gains made over time.

State licensing regulations do not include child care consultation. Research data shows that when child care facilities receive health consultation, the health and safety of the facility is improved as follows:

- Reduction of hazards and risky practices in child care settings related to:
  - Safe active play.
  - Emergency preparedness.
  - Nutrition and food safety.
  - Utilization of safe sleep practices and SIDS risk reduction.
- Reduction of infectious disease outbreaks.
- Reduction of lost work time for parents.
- Improved written health policies.
- Increased preventative health care for children.<sup>37</sup>
- Data from the Tucson *First Focus on Quality* pilot project of a quality improvement and rating system shows improved health and safety practices in child care settings related to child care health consultation.<sup>38</sup>

**A Child Care Health Consultant (CCHC)** is a health professional with specialized knowledge of early childhood development, child care and child care regulation, community health and social services. In addition to their professional credentials as nurses or other health professionals, Child Care Health Consultants receive 60 hours of instruction on:

- Health consultation skills.
- Quality in early child care programs and how to measure quality.
- Caring for children with special needs.
- Infectious diseases and caring for children who are ill or temporarily disabled.
- Injury prevention in the child care setting.
- Oral health in the child care setting.
- Mental health and supporting social and emotional development in the child care setting.
- Nutrition and physical activity in the child care setting.
- Skill building to work with child care providers and families.

The Navajo/Apache Regional Partnership Council would like to provide increased access to Child Care Health Consultants for lawfully operating child care homes and centers. Within the region, there are 20

DES-licensed child care centers and 7 DES-certified child care homes. The regional allocation of homes and centers that will be eligible for statewide funding of *Quality First!* will encompass two centers and two homes. Based on those numbers, the Navajo/Apache Regional Partnership Council would like to provide access to a mixture of 15 lawfully operating child care centers and homes that are not participating in *Quality First!*

**Lead Goal:** FTF will improve access to quality early care and education programs and settings.

**Key Measures:**

1. Number and percentage of early care and education programs with access to a Child Care Health Consultant

**Target Population:**

Child care centers and homes serving children birth to five; lawfully operating settings only, not enrolled in *Quality First!*

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	15 child care homes and centers	15 child care homes and centers	15 child care homes and centers  3-yr. total = 45 homes and centers

**Performance Measures SFY 2010-2012**

1. Increase in number of centers with access to Child Care Health Consultant/Proposed service number

How is this strategy building on the service network that currently exists:

- Implementation of this strategy will enhance the Child Care Health Consultant strategy that is currently being developed at the State level.

What are the opportunities for collaboration and alignment:

- Tamara Talbot, RN, is the individual with the Child Care Health Consultant Training in Apache County. She is the Neonatal Intensive Care Program (NICP) Health Nurse for Navajo and Apache

counties. Ms. Talbot works with Hummingbird Early Intervention and has some early childhood developmental knowledge.	
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>	
Population-based Allocation for proposed strategy	\$50,000
<b>Budget Justification:</b>  Based on regional data, recommend funding for 15 centers and homes outside of <i>Quality First!</i> <ul style="list-style-type: none"> <li>• Due to the large geographical area of this region, the Council wishes to allocate a 0.5 FTE to this strategy because of the significant travel time that will be required. The Council has elected to limit the caseload of the CCHC to 15 lawfully operating child care homes and centers.</li> </ul> \$50,000 per year for 0.5 FTE	

### Strategy 8: Oral Health Screens and Varnish

The region has widespread problems with untreated tooth decay among six- to eight-year-old children ranging from a low of 28 percent in St. Johns to a high of 66 percent in Taylor. An effective strategy is the application of dental varnish to teeth once they erupt usually beginning at age nine months, combined with parental education about nutrition, oral health, bottle-to-cup transition, and appropriate teeth care for toddlers. This strategy has been tried within this population recently, based on application done by a pediatrician, and the service was widely well-received by families. However, once the grant funding for reimbursement was gone, parents were not willing or able to pay the costs associated with the service, and health insurance would not reimburse the physician. Therefore, while ample data exists that this is both a viable and cost-effective strategy, there is currently no provider system offering this service due to reimbursement issues. The Navajo/Apache Regional Partnership Council will address the gap in service by implementing this strategy.

Early childhood caries can often lead to continuing health problems, such as: oral pain, difficulty chewing, speech delays, and the risk of dental infection throughout the body. Research studies report that the fluoride varnish treatment coupled with caregiver (parent/family) counseling on the benefits of fluoride and the importance of early dental health is effective in reducing early childhood incidences.<sup>39</sup>

The Navajo/Apache Regional Partnership Council will provide oral health screens and varnish application to infants and toddlers in early child care settings and other appropriate community settings. This process will include a parent education section for each child seen, as well as community education, outreach, and awareness for the general community to raise awareness related to the importance of good oral health.

The Navajo/Apache Regional Partnership Council will place priority on grantee applications that are based on collaborative relationships between existing regional agencies and organizations.

**Lead Goal:** FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

#### Key Measures:

1. Total number and percentage of children receiving appropriate and timely oral health visits

#### Target Population:

Infants and toddlers aged nine months to five years old throughout the region. Care will need to be taken to ensure that this service is provided to those children who do not have this service covered by their dental or medical health insurance coverage.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	1000	1000	1000



	Children  (9 mos.-5 yrs.)	Children  (9 mos.-5 yrs.)	Children  (9 mos.-5 yrs.)  3-yr. total = 3000 Children
<b>Performance Measures SFY 2010-2012</b>  1. Number of children screened 2. Number of events held 3. Number of children receiving dental varnish (by age group) 4. Number of children identified with dental disease (by age group)			
How is this strategy building on the service network that currently exists:  • Collaboration with AHCCCS will need to be established to avoid referral problems for children with identified dental disease.			
What are the opportunities for collaboration and alignment:  • The grantee will need to be either: a general dentist, pediatrician or family practice physician, a public health department, or have an agreement in place with one of those entities <sup>40</sup> . A. A permission form would need to be created for parents to sign to give permission for the exam and varnish application. Administrative time and processes need to be created to keep track of all permission forms. B. The grantee needs to have space to store the materials and varnish. C. Collaboration with AHCCCS will need to be established to avoid referral problems for children with identified dental disease. D. Agreements with dentists need to be in place to handle any resulting dental disease referrals.			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>			
Population-based Allocation for proposed strategy	\$15,000		
<b>Budget Justification:</b>  \$15.00 per child. This cost includes: materials, travel, mileage, administrative time, needed staff time and parental educational materials (brochures, toothbrushes, etc.)			

### Strategy 9: Implement Healthy Steps

A recurrent theme that has been voiced by the larger Navajo/Apache regional community is the need for families to have more access to relevant and useful information about their children, as well as have someone available to answer their questions about child development, developmental delay, discipline, well-baby visits (and getting the most out of them), nutrition, and many more areas of development<sup>41</sup>

<sup>42</sup>

Healthy Steps represents a significant innovation in the way pediatric primary care can be delivered. Based on the standards and principles of Bright Futures and the American Academy of Pediatrics Health Supervision Guidelines, Healthy Steps enhances and expands traditional pediatric care by including a child development specialist as part of the pediatric practice team. Services offered by this person, typically a nurse, early childhood educator, or social worker, include more time to spend discussing preventative issues during well-child visits, home visits, a telephone information line exclusively addressing developmental and behavioral concerns, written materials, and more seamless linkages to community resources and parent support groups.<sup>43</sup>

The Healthy Steps program was designed to support families of young children using a new type of health care provider, the Healthy Steps Specialist, in a practice-based environment.<sup>44</sup> The Healthy Steps program consists of risk reduction activities and universal components, including developmental screening, anticipatory guidance, and follow-up services, offered to all families receiving care.<sup>45 46 47 48</sup> Expected benefits of Healthy Steps include improved parental promotion of child development,<sup>49</sup> parenting practices, child development, and health care utilization. Evaluation of the program to date has demonstrated improved timeliness and quality of pediatric services, parenting practices, and parent satisfaction with services.<sup>50 51 52</sup>

The Healthy Steps Model has been implemented nation-wide and has been proven to have positive outcomes for children and families. Specifically, Healthy Steps encourages the medical home model within the pediatric medical field and is shown to lead to higher rates of immunizations, higher rates of timely and appropriate developmental screenings and identification of developmental delays, as well as providing a medical environment that is supportive of parents as the experts on their child<sup>53</sup>.

Components of the Healthy Steps Program, and the Technical Assistance Package, include the following:

- An MD will need to be identified to be the Medical Director of the Healthy Steps Program site and will act as both internal and external champion of the program.
- This program is available to ALL children at **no cost**. It will support the medical home model and can support the dental home model. It could also support parent education about child development and give parents a resource available to navigate the system of services available.
- This program would provide a specialist to go to well-child visits with the parent and the child (at the pediatrician's office or clinic), can include a home visiting component, and includes Reach Out and Read as a part of the program.
- The specialist may do child care setting visits if there is a concern about the child within that environment – wherever that may be.
- A Healthy Steps Coordinator must have one of the following:
  1. Minimum of a Bachelor's Degree and 3-5 years in early childhood, working as a developmental specialist and have experience with home visiting and interfacing with pediatric medical professionals.

2. Any nursing degree, with a background in early child development in a pediatric medical setting. Candidates would be interviewed to determine their level of knowledge in early child development and behavior.
3. Master's Degree in Social Work, Child Psychology or a related field and 3-5 years working with young children and their families, also connected to pediatric medical care.

Consultative services leading to introduction of the program to healthcare stakeholders, and ongoing successful implementation of Health Steps, include the following to be provided within the scope of the technical assistance portion of this strategy:

**Onsite:**

- Ongoing consultation: phone and email mentoring for specialist and healthcare providers, quarterly site visits to guide the healthcare team in continuing their efforts to champion the Healthy Steps program, and to inform and engage the Medical Director in advocacy and policy change efforts leading to potential future billing/coding and reimbursement for developmental services provided by Healthy Steps.
- Providing consultative services to develop the job description, posting of the position requirements, assisting with screening applicants, participation in interview processes (the Master Trainer will provide the Healthy Steps Specialist/Coordinator interview) and provide feedback to the healthcare team about which candidate is the best fit for the role.
- Assistance with RFGA development and submission.
- Assistance with generating funding from additional potential funders.
- All of the following activities **include** travel expenses for the Master Trainer, as well as Healthy Steps staff for travel to Phoenix Children's Hospital: providing three days of training when program is ready to kick-off; one day onsite for professional clinicians and clinic staff; three days onsite for Healthy Steps Specialist; two days training for Healthy Steps specialist at Phoenix Children's Hospital.
- Includes training to use the data entry, tracking and reporting system designed to provide FTF and healthcare facility with required, and requested, data and reports.
- Site monitoring for quality assurance for the first two years; should this be requested for following years, the cost will be negotiated between the eventual grantee and Healthy Steps.

**In-kind contribution:**

- The grantee would be asked to provide office space, computer, color copier, office supplies, and telephone.
- Any food or beverages or site costs are paid by the healthcare provider.

A gradual reduction of FTF funding will be incorporated, so that by Year 6, the eventual grantee will be fully funding the program.

Year 1 – 100% funding

Year 2 – 80% funding

Year 3 – 60% funding

Year 4 – 40% funding

Year 5 – 20% funding

Year 6 – grantee 100% self-funding

**Lead Goal:** FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

<b>Key Measures:</b>  1. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. 2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.			
<b>Target Population:</b>  Children birth through age five. Program is voluntary, at no cost, for each infant living in the region.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>  July 1, 2009 –  June 30, 2010	<b>SFY2011</b>  July 1, 2010 –  June 30, 2011	<b>SFY2012</b>  July 1, 2011 -  June 30, 2012
	Implement 1 Healthy Steps Program, Build Case load towards 100 children	At least 100 children	At least 100 children   Three year total: 300 children
<b>Performance Measures SFY 2010-2012</b>  1. Number of children with health insurance/ Actual service number 2. Number of medical health care professionals that use medical home model 3. Number of children screened/ Proposed service number 4. Number of children referred for early intervention/Actual service number 5. Number of and percent of families that reported satisfaction with Healthy Steps Program 6. Percent of families showing increases in parent knowledge and skill after program involvement for 6 months and at 12 months			
How is this strategy building on the service network that currently exists: <ul style="list-style-type: none"> <li>Summit Regional Healthcare is the regional birthing hospital and offers some prenatal and post-delivery support for families.</li> <li>There are handful of pediatricians in the region; however, Healthy Steps is not a model currently used in the region.</li> </ul>			
What are the opportunities for collaboration and alignment: <ul style="list-style-type: none"> <li>When a Healthy Steps Specialist sends a child to AzEIP for services and the child is found to have delay but not enough to qualify for AzEIP, the family receives services from Healthy Steps to encourage the child's development. This will address "gap kids" and will provide direct services to families to support their child's development; Healthy Steps would also serve as a</li> </ul>			

bridge between AzEIP, or another program that the child may qualify for, and will work with the team to ensure that the child receives services in a timely manner and that they are meeting the families' needs.	
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>	
Population-based Allocation for proposed strategy	\$105,000
<b>Budget Justification:</b>  \$70,000 for one full time Healthy Steps Specialist. Cost includes salary and ERE, work-related travel, materials, and continuing education, and community outreach/awareness materials.  \$35,000.00 Technical Assistance  \$105,000 FY 2010 allocation	

Navajo/Apache Regional Partnership Council  
Regional Council 2010 Allocation: \$761,591

**Strategy 10: Collaborate with state and community based organizations to provide outreach, education and guidance on nutrition and prevention of childhood obesity to service providers and parents who work with children birth through age five.**

Childhood obesity has become an epidemic in Arizona. Currently, one in five children is overweight or at risk of becoming overweight. In the United States, the prevalence of childhood obesity tripled between 1980 and 2000. Every day, more than 13 million preschool age (3 to 5 years) children are in child care settings. With regard to nutrition, improvements in increasing the availability of fruits and vegetables, reducing the use of fried foods, sugar-sweetened beverages, and introducing overall nutrition policies will benefit children birth through age five.

- Arizona has the second highest rate of childhood obesity in the Nation.
- More than 1/3 of all children in AZ are obese.
- Hispanic and Native Americans make up the largest percent of the obese children in Arizona.
- Obesity in children is directly linked to many serious health problems, such as:
  - Type 2 Diabetes, Metabolic Syndrome, High Blood Pressure, Asthma and other respiratory problems, Sleep Disorders, Liver Disease, Heart Disease, Eating Disorders and Skin Infections.

Because of the widespread problem of childhood obesity, the Navajo/Apache Regional Partnership Council is particularly interested in ensuring that early care and education providers, as well as families, receive guidance around nutrition issues. This topic will be an area of emphasis for individuals working with early care providers and others who work with young children in the region. This strategy is a comprehensive approach to prevent childhood obesity by reaching children, parents, child care staff, and the community.

This strategy will not only improve access to health information for children and families, but will also provide much-needed support for early care and education providers. This strategy will aim to establish networks and partnerships with all community organizations serving children birth through age five, inclusive of Head Starts, school-based preschools, Title I Even Start programs, etc., to promote physical activity and obesity management through community outreach and education.

The Navajo/Apache Regional Partnership Council will entertain a variety of grant proposals that focus on: Healthy eating, healthy snacks\*, cooking with children, fresh food production/gardening, the Food Pyramid, Food Groups, portion sizes for different-aged children, information and parental support for transitioning from breast-milk or formula to baby food, to toddler bite-sized foods, to table foods. Physical Education materials and equipment (balls, parachutes, bouncing, riding toys, tricycles, bicycles with training wheels, cones, hoops, jump ropes, etc.), along with a professional development component to train staff on the utilization of this equipment would also be an option, as well as implementation of program packages, like Safe Routes to School, and other related curricula, or programs.

- Programmatic elements will target children (music and movement to increase physical activity), staff (training to implement activities with children) and will include involvement and

education of parents.

- Music is an excellent way to engage both sides of the brain, which enhances a child's ability to learn all types of skills, because more neural-pathways are established and strengthened<sup>54</sup>.
- This strategy is a comprehensive approach to prevent childhood obesity by reaching children, child care staff, and the community.

The Navajo/Apache Regional Partnership Council is interested in seeing the approaches that will be proposed by potential grantees; within that framework, each potential grantee will be required to submit evidenced-based, research-proven approaches to meet the scope of this strategy. Priority will be given to potential grantees that have the existing organizational and personnel capacity to serve a large population of children.

Evidence: Promising Practice<sup>55 56 57 58</sup>

The Navajo/Apache Regional Partnership Council will place priority on grantee applications that are based on collaborative relationships between existing regional agencies and organizations.

**Lead Goal:** FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Key Measures:**

1. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

**Target Population (Description of the population to reach):**

- Children birth to age five and the programs and organizations serving them.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	500 Families	600 Families	700 Families
			3-yr. total = 1800 Families

**Performance Measures SFY 2010-2012**



<ol style="list-style-type: none"> <li>1. Number of children enrolled in nutrition and recreation courses/ Proposed service number</li> <li>2. Number of parents who report increase in physical activity six weeks after program participation</li> <li>3. Number of programs/events held</li> <li>4. Number of families that reported satisfaction with provided family support/strategic target</li> </ol>	
<p>How is this strategy building on the service network that currently exists:</p> <ul style="list-style-type: none"> <li>• Apache County Public Health Department and Navajo County Public Health Department currently sponsor and organize Safe Route to School Events to promote walking or bike-riding to school. Regional Parks and Recreation Departments are becoming interested in offering a wider selection of programs targeted at toddlers and preschoolers and their families. Northland Therapy Services, Hummingbird Early intervention, the Children and Family Alliance are all agencies working with this population.</li> </ul>	
<p>What are the opportunities for collaboration and alignment:</p> <ul style="list-style-type: none"> <li>• Music and Me (Infant and Toddler Mommy and Me Class), Eithne Stover, Music Therapist</li> <li>• City Parks and Recreational Departments; Head Start programs; public and private child care and preschool programs and centers</li> </ul>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b></p>	
Population-based Allocation for proposed strategy	\$13,750
<p><b>Budget Justification:</b></p> <p>Based on a target population of 500 children, at a cost of \$25.00 per family; total estimated allocation of:</p> <p>\$12,500 per year for programmatic costs \$ 1,250 administrative costs</p> <p>*FTF <b>will not fund</b> the cost of food.</p> <p>It is expected that there will be several grant applicants for this strategy; however, there may only be one.</p>	

**Strategy 11: Expand or create new early literacy, language, and child development programs within the region**

There are many resources available to families who are “in the system” that focus on parenting skills, child development information and support, and referrals for needed medical and behavioral health support. However, for families who are not “in the system,” these services are largely not available. The challenging reality in this region, and across the State of Arizona and indeed across the nation, is the sizable population of children who do not meet the eligibility requirements of AzEIP, but do have some developmental delay and who ought to have access to the same developmental supports in order to enter school on a level playing field, with the same sets of skills and abilities as their “normally developing” classmates.

The first three years of life are a period of incredible growth in all areas of a baby's development<sup>59</sup>. A newborn's brain is about 25 percent of its approximate adult weight. But by age three, it has grown dramatically by producing billions of cells and hundreds of trillions of connections, or synapses, between these cells. While we know that the development of a young child's brain takes years to complete, we also know there are many things parents and caregivers can do to help children get off to a good start and establish healthy patterns for life-long learning.<sup>60</sup>

Given these facts, the Navajo/Apache Regional Partnership Council will work to expand the capacity of early language and literacy programs to provide supports and services to young children and their families. This strategy is conceptualized around the needs and concerns of the family, in contrast to serving individual family members in isolation. In order to do this effectively, the provider must:

- Understand the parent's literacy strengths and reinforce their knowledge and skills.
- Provide an opportunity for adults and children to reflect on literacy practices in their daily lives.
- Recognize the literacy history of the parents.
- Consider socio-cultural context: Children's experiences with the world greatly influence their ability to comprehend what they read.
- Accommodations and adaptations should be made for children and adults with special needs or disabilities.

Evidence-based research identifies key components of early literacy curriculum<sup>61</sup> as:

- Oral language: vocabulary and listening comprehension, expressive and receptive language.<sup>62</sup>
- Alphabetic Code: alphabet knowledge, phonological/phonemic awareness, which is the ability to discriminate sounds in words, invented spelling.
- Print knowledge: environmental print and concepts about print.
- Contains an educational component which formally or informally affects the child's literacy or development.<sup>63</sup>
- Oral Language is the foundation for literacy development.
- Children's early experiences with books and print greatly influence their ability to comprehend what they read.
- Learning to read and write starts long before first grade and has long-lasting effects.
- Contains an educational component for the adult, such as adult-basic education (for those without a high school diploma) or English-acquisition.<sup>64</sup>

- Provides both literacy activities and parenting education to enable adults to attain proficiency in basic skills.<sup>65</sup>
- Includes at least one activity focusing on the exchange of knowledge and information between the adult and the child.<sup>66</sup>
  - Literacy is acquired through shared dialogue.
    - Programming responds to the interest of the adult and child.
- Is developed based on community needs and participant recommendation.<sup>67</sup>
  - Strengths-based approach: take action to break down patterns of social isolation.
  - Alignment with Arizona's Early Learning Standards
- *Adult and Child*: This component is the distinguishing feature of family literacy programs. Activities include side-by-side reading, modeling of child development practices, reading aloud, storytelling, educational field trips, etc.<sup>68</sup>
- *Family Support*: This component targets the family's utilization of community resources, the development of social networks, the development of parenting skills, and the economic self-sufficiency of the family. Community resource goals include learning to use medical resources, how to vote, child care, and counseling<sup>69</sup>. Development of social networks includes strengthening interfamily relationships.
- Provide information about basic parenting skills, discipline, nutrition, art, music, early literacy, all aspects of child development in a method that will be accessible to caregivers and parents and will be well-utilized. Focus on hands-on modeling and coaching and offering age and developmentally appropriate materials to complement the information being presented.

The Navajo/Apache Regional Partnership Council is interested in seeing the approaches that will be proposed by potential grantees; within that framework, each potential grantee will be required to submit evidenced-based, research-proven approaches to meet the scope of this strategy. Priority will be given to potential grantees that have the existing organizational and personnel capacity to serve a large population of children.

The Navajo/Apache Regional Partnership Council will place priority on grantee applications that are based on collaborative relationships between existing regional agencies and organizations.

**Lead Goal:** FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measures:**

1. Percentage of families of children birth through age five who report they maintain language- and literacy-rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members; books and other literacy tools and materials are available to children).
2. Percentage of families with children birth through age five who report reading to their children daily in their primary language.
3. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

<p><b>Target Population:</b></p> <p>Families and caregivers of children birth to five within the region who are interested in increasing exposure to literacy and language for the children they care for.</p>			
<p><b>Proposed Service Numbers</b></p>	<p><b>SFY2010</b></p> <p>July 1, 2009 – June 30, 2010</p>	<p><b>SFY2011</b></p> <p>July 1, 2010 – June 30, 2011</p>	<p><b>SFY2012</b></p> <p>July 1, 2011 - June 30, 2012</p>
	<p>200 families</p>	<p>300 families</p>	<p>400 Families</p> <p>3-yr. total = 900 families</p>
<p><b>Performance Measures SFY 2010-2012</b></p> <ol style="list-style-type: none"> <li>1. Number of caregivers reporting an increase in the number of days a family reads/Strategic target</li> <li>2. Number of caregivers attending adult and family literacy programs/ Proposed service number</li> <li>3. Number of sessions offered/Number of participants</li> <li>4. Number of families showing increases in parenting knowledge and skill after participation in session/support/ strategic target</li> </ol>			
<p>How is this strategy building on the service network that currently exists:</p> <ul style="list-style-type: none"> <li>• There are county libraries in several communities, with a children’s librarian in most locations. There is a weekly Story Time at Larson Library in Pinetop, and in Show Low at the Main Library, as well as in Holbrook and in Snowflake. Additionally, the City of Show Low has a public access cable television station, City 4 TV, on which there are several televised children’s programs revolving around magic tricks, Fire Safety, Children’s Story time with puppets, arts and crafts, and other taped re-broadcast programs.</li> <li>• There are several book stores with children’s collections as well, that may be viable places for additional story times in the community.</li> <li>• Both Navajo and Apache County Public Health Departments offer parent support classes, as well as more targeted training for specific populations.</li> <li>• Head Start, Early Head Start, Northland Therapy Services, Hummingbird Early Intervention, White Mountain Montessori School, as well as private child care and preschools are other agencies that may be collaborative partners.</li> </ul>			

What are the opportunities for collaboration and alignment:

- The City of Show Low has offered Family Place Library Programs through grant opportunities in collaboration with Northland Therapy Services; these were well-received family oriented programs. Several families requested that the model be duplicated in other libraries throughout the region. Additionally, the Show Low Library purchased a collection of developmentally appropriate toys through the initial Family Place Library grant; these toys are available for programming uses at the Show Low Library, and through coordination with the library.
- There are a great many professionals and service agencies throughout the region that do this work now but are limited to serving a specific population of families – typically based on the families' involvement in the CPS or foster care system. Ameri-Psych, Catholic Charities, Arizona's Children, Arizona Baptist Services, as well as other DES funded programs are examples of existing service providers.

**SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)**

Population-based Allocation for proposed strategy	\$39,000
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**Budget Justification:**

Cost determined by:

\$150.00 per family X 200 families for materials= \$30,000

Administrative Cost (10% of total grant award) = \$3,000

Communications/Public Awareness = \$3,000 (10% of each grant award)

Staff Development Opportunities = \$3,000 (10% of each grant award)

### **Strategy 12: Expand home visiting program network**

While there are a great many programs available for children who qualify for the Arizona Early Intervention Program (AzEIP), Division of Developmental Disabilities (DDD), Early Head Start, Even Start, and other funded home visiting programs, these opportunities are typically only available to a specific population of children usually defined as being developmentally delayed, or low-income, or involved with the Child Protective Services or the court system in some way. These programs are by and large not available to families who do not meet these requirements. Families of all descriptions could benefit from a home-visiting model, provided that they request the support.

The Navajo/Apache Regional Partnership Council would like to support the First Things First statewide initiative to provide the Arizona Parent's Kit to all parents of newborns within the state of Arizona. Within the Navajo/Apache Region, the birth cohort is typically 1,200 babies annually. Summit Regional Healthcare is the birthing hospital located within the region and the majority of babies born to mothers who live in this region are born at this hospital, with the rest typically delivered in Phoenix. The Navajo/Apache Regional Partnership Council would like to augment the provision of the Arizona Parent's Kit with the addition of a home visiting component to support new parents as they become more accustomed to parenting their infants. The home visitor would use the Arizona Parent's Kit as a starting place for the visit and would support the parent's utilization and internalization of the information contained in the Kit.

Home visitation programs may:

- Augment the Arizona Parent Kit.
- Provide coping skills to new parents or grandparents as a method of preventing child abuse.
- Provide information related to home safety, car seat use/installation/provision (provision of appropriate car seat if needed, and family does not qualify for a car seat from the Health Department).
- Provide breastfeeding support (if desired) and ongoing parental follow-up and support post delivery.
- Provide a family advocate to assist the family in navigating the system of supports available within the region.
- Provide child development information, materials, coaching and modeling as appropriate for the family, child, and/or caregiver.

Evidence:

- Proven Practice<sup>70</sup>
- Increased school readiness.
- Child abuse prevention.
- Positive parenting and increased parental involvement.
- Improvement in child and maternal health outcomes.

Format:

- A person trained in child development (professional or paraprofessional) makes regularly scheduled visits to homes—or other natural environments such as the library or other public community centers—with infants or young children, to answer questions, provide information and resources, assist parents in their parenting or provide early detection of any developmental

<p>problems in the children.</p> <ul style="list-style-type: none"> <li>• Home visiting is voluntary, with no fee for service to families. Family-centered approach, which considers child's present level of development, parent/families knowledge and understanding of child development, current parenting practices, daily routines and interactions, etc.</li> <li>• This position would require a Bachelor's Degree in early childhood development or a related field.</li> <li>• Provide parents, families, and other primary caregivers with coaching and other direct service techniques to inform and educate on the topics of child development and emergent language and literacy development.</li> <li>• Home visitation schedules will be developed and determined by the grantee.</li> </ul> <p>The Navajo/Apache Regional Partnership Council is interested in seeing the approaches that will be proposed by potential grantees; within that framework, each potential grantee will be required to submit evidenced-based, research-proven approaches to meet the scope of this strategy. Priority will be given to potential grantees that have the existing organizational and personnel capacity to serve a large population of children.</p> <p>The Navajo/Apache Regional Partnership Council will place priority on grantee applications that are based on collaborative relationships between existing regional agencies and organizations.</p>			
<p><b>Lead Goal:</b> FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>			
<p><b>Key Measures:</b></p> <ol style="list-style-type: none"> <li>1. Percentage of families with children birth through age five, who report they are competent and confident about their ability to support their child's safety, health and well being</li> </ol>			
<p><b>Target Population:</b></p> <p>Children birth through age five living in the region, who <b>do not</b> meet eligibility requirements for another home-visiting program.</p>			
Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	400 Families	400 Families	400 Families  3 year total: 1200 families

#### Performance Measures SFY 2010-2012

- Number and percent of families receiving home visiting services/proposed service number
- Percent of families that reported satisfaction with provided home visiting support/strategic target
- Percent of families showing increased parenting knowledge and skill after receiving home visiting support/ strategic target
- Percent of families that reported increased confidence related to parenting/strategic target
- Percent of families that reported increased knowledge related to parenting/strategic target
- Percent of families that reported satisfaction with the Parent Kit /strategic target
- Percent of families showing increases in parenting knowledge and skill after using the parent kit/strategic target

How is this strategy building on the service network that currently exists:

- Summit Regional Health Care currently offers OB services with limited out-patient follow up after delivery. The hospital would like to enhance this ability.
- The Neonatal Intensive Care Program currently serves infants who are returning home to the region following premature delivery or infants with significant medical follow-up needs.
- Northland Therapy Services provides Early Intervention Program services in Southern Navajo County.
- Hummingbird Early Intervention provides early intervention services in Southern Apache County.
- Home-based Early Head Start is available to qualifying families in the region to those living within a 30-mile radius of the Head Start Centers in Holbrook, Snowflake, Show Low, and Springerville, and St. Johns.

What are the opportunities for collaboration and alignment:

- Apache Public Health Department currently offers some home visiting services that may compliment this strategy.
- Summit Regional Medical Center is interested in expanding their service delivery to families of newborns and young children.

#### SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$139,788
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#### Budget Justification:

\$ 50,000 = salary and ERE  
 \$ 10,000 = travel reimbursement  
 \$ 62,080 = \$10.00 per child X regional population of 6208 for program related materials each year  
 \$ 5,000 = outreach and public relations



Navajo/Apache Regional Partnership Council  
Regional Council 2010 Allocation: \$761,591

\$ 12,708 = (10%) administrative costs

**Strategy 13: Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness, education, and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities**

The Navajo/Apache Regional Partnership Council conducted a Community Input Survey in September 2008 to gauge the perceptions of the community regarding the early childhood development and health system. Many respondents indicated that awareness of the importance of early childhood development and health needed to be addressed and that the methods of communication that are effective in this region are not the mainstream methods of on-line advertising, radio/TV commercials, major newspaper articles, etc. Due to the rural and largely conservative population of this region, a more personalized and tailored communications approach is required.

The Navajo/Apache Regional Partnership Council recognizes the importance of maintaining consistent messaging across the state and within each region. Therefore, the Navajo/Apache Regional Partnership Council will be working with the FTF Central Communications office to create region-specific messaging that is consistent with the statewide efforts of FTF; additionally, the Navajo/Apache Regional Partnership Council will allocate funding for the necessary collateral materials, speaker engagements, seminars, lecture series, and other communication methods that will create regional awareness of FTF, and early childhood development and health across all communities. Specifically the Navajo/Apache Regional Partnership Council will focus on the following:

- Engage families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region
- Advocate for public policy change and increased resources on behalf of young children and their families.

The Navajo/Apache Regional Partnership Council recognizes the importance and effectiveness of working in partnership with the Regional Councils and the FTF Board, speaking with one unified voice for young children to mobilize the community around a call to action. The Navajo/Apache Regional Partnership Council will determine the mechanisms most appropriate for this region to deliver the messages as developed from the statewide communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

Furthermore, communications is among the most powerful strategic tools to inspire people to join the early childhood development and health movement, convince policymakers, foundations and other leaders to prioritize the issues, and urge the media to accord it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind and what solutions will be judged appropriate to the problem. Communications defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way early child development is framed,

in general, must be made carefully and systematically to create the powerful communications necessary to ensure that the public grasps the recommendations of early childhood experts and the policies proposed.<sup>71</sup>

The Navajo/Apache Regional Partnership Council acknowledges that the development of this strategy in full is not complete, and is committed to working with the Regional Councils and the FTF Board to further define the community awareness and mobilization effort. The Navajo/Apache Regional Partnership Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need over time and will allocate \$15,000 in FY 2010, FY 2011, and FY 2012.

Additional communications funding in the amount of \$10,000 for FY 2010, FY 2011, and FY 2012 is allocated for regional-specific communications, utilizing messaging created by the First Things First Communications Team, and as requested by the FTF Board. Regional-specific language, messaging, and methods will be employed.

**Lead Goal:** FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

**Key Measures:**

1. Percentage of Arizonans who report that early childhood development and health issues are important
2. Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
3. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

**Target Population (Description of the population to reach):**

Parents, businesses, early childhood professionals, service providers, philanthropic entities in the region, city/county/state public officials, in order to gain additional support for early childhood issues.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 – June 30, 2012
<b>Proposed Service Numbers</b>	TBD	TBD	TBD

**Performance Measures SFY 2010-2012**

- Percent of people who know what FTF is /strategic target
- Media analysis on the tone and frequency of coverage on early care/strategic target

<ul style="list-style-type: none"> <li>• Amount of donations, contributions to FTF/strategic target</li> <li>• Amount of money received/strategic target</li> </ul>	
<p>How is this strategy building on the service network that currently exists:</p> <ul style="list-style-type: none"> <li>• The White Mountain Independent, Silver Creek Herald, Holbrook Tribune, Arizona Journal, The Maverick are local newspapers. Cable One, City TV 4 is the City of Show Low Public Access Channel; Business Matters is a local radio show targeting area businesses and community events; The City of Show Low Parks and Recreation Newsletter, and regional school newspapers are all opportunities for print and audio media spots.</li> <li>• Community Health Fairs sponsored by local hospitals and Public Health Departments; monthly boards and councils that the Regional Coordinator will participate in; sponsorship of local events (Santa Night in cooperation with City of Show Low Parks and Recreation, Easter Egg Hunt, Tree Lighting Ceremonies, and other city events).</li> </ul>	
<p>What are the opportunities for collaboration and alignment:</p> <ul style="list-style-type: none"> <li>• Communications Team (FTF Communications Division) will be providing: Professional Support (Media Relations, Strategic Messaging and Communications, Graphic Design) Collateral Library files - (NOT PRINTING COSTS) about First Things First in general, as well as providing templates for localized materials and creating any custom projects. Strategic Messaging (speeches, presentations), Training (media relations, presentations, effective communications, strategy for communication campaigns)</li> <li>• Regional Partnership Councils will be working collaboratively with the Communications Team on</li> <li>• Media Relations (press releases, story ideas for reporters, interviewing tips and training)</li> </ul>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b></p>	
Population-based Allocation for proposed strategy	\$25,000
<p><b>Budget Justification:</b></p> <p>\$15,000 in collaboration with other regions and FTF Board</p> <p>\$10,000 for regional communications work, annual reports, donor/membership letters, events, chotchies, advertising and print</p> <p>\$25,000 for Fiscal Years 2010, 2011, and 2012</p>	

**IV. Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)**

Navajo/Apache Regional Partnership Council  
Regional Council 2010 Allocation: \$761,591

<b>Revenue</b>	
Population Based Allocation SFY2010	\$761,591
<b>Expenditure Plan for SFY2010 Allocation</b>	
Strategy 1 Early Childhood Learning Lab/Model School	\$50,000
Strategy 2 Recruitment of Early Care and Educational Professional Workforce	\$14,000
Strategy 3 Professional Development Pathway	\$29,000
Strategy 4 Employer-sponsored Childcare	\$50,000
Strategy 5 Home Childcare Assessment Study with Coconino Region	\$50,000
Strategy 6 Expansion of existing, or new high-quality child care openings - <b>DISCRETIONARY REQUEST</b>	\$0
Strategy 7 Child Care Health Consultant	\$50,000
Strategy 8 Oral Health Screen and Varnish	\$15,000
Strategy 9 Implement Healthy Steps	\$105,000
Strategy 10 Community -based outreach, education and guidance on nutrition and	\$13,750
Strategy 11 Expand or create new early literacy, language, and child development	\$39,000
Strategy 12 Expand home visiting network	\$139,788
Strategy 13 Community Awareness, Education, and Mobilization campaign	\$25,000
Regional Needs & Assets (if applicable)	\$15,000
<b>Subtotal of Expenditures</b>	<b>\$595,538</b>
<b>Fund Balance (undistributed regional allocation in SFY2010)*</b>	<b>166053</b>
<b>Grand Total (Add Subtotal and Fund Balance)</b>	<b>\$761,591</b>

\*Provide justification for fund balance:

These funds will be utilized in Fiscal Year 2011 to implement the Learning Lab once the planning phase is completed; additionally, a more detailed strategy will be presented to the Board to more clearly outline the proposed strategy.

**V. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012**

See following page for three year expenditure plan.

Navajo/Apache Regional Partnership Council  
Regional Council 2010 Allocation: \$761,591

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
<b>Population Based Allocation</b>	\$761,591	\$761,591	\$761,591	\$2,284,773
<b>Fund Balance (carry forward from previous SFY)</b>	\$0	\$166,053	\$244,606	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1 Early Childhood Learning Lab/Model School	\$50,000	\$150,000	\$300,000	\$500,000
Strategy 2 Recruitment of Early Care and Education Workforce	\$14,000	\$24,750	\$35,500	\$74,250
Strategy 3 Professional Development Pathway System	\$29,000	\$32,500	\$37,500	\$99,000
Strategy 4 Employer-sponsored Childcare	\$50,000	\$25,000	\$25,000	\$100,000
Strategy 5 Home Childcare Assessment Study with Coconino Region	\$50,000	\$75,000	\$75,000	\$200,000
Strategy 6 Expand existing, or create new high-quality child care openings - <b>DISCRETIONARY REQUEST</b>	\$0	\$0	\$0	\$0
Strategy 7 Child Care Health Consultant	\$50,000	\$50,000	\$50,000	\$150,000
Strategy 8 Oral Health Screens and Varnish	\$15,000	\$15,000	\$15,000	\$45,000
Strategy 9 Implement Healthy Steps	\$105,000	\$56,000	\$42,000	\$203,000
Strategy 10 Community-based outreach, education and guidance about nutrition and health weight	\$13,750	\$16,500	\$19,250	\$49,500
Strategy 11 Expand or create new early literacy, language, and child development programs	\$39,000	\$58,500	\$78,000	\$175,500
Strategy 12 Expand Home Visiting Programs	\$139,788	\$139,788	\$139,788	\$419,364
Strategy 13 Community Awareness, Education and Mobilization Campaign	\$25,000	\$25,000	\$25,000	\$75,000
Regional Needs & Assets	\$15,000	\$15,000	\$15,000	\$45,000
<b>Subtotal Expenditures</b>	\$595,538	\$683,038	\$857,038	\$2,135,614
<b>Fund Balance*</b> (undistributed regional allocation)	\$166,053	\$244,606	\$149,159	
<b>Grand Total</b>	\$761,591	\$927,644	\$1,006,197	

Budget Justification:

The Navajo/Apache Regional Partnership Council has spent a significant amount of time developing the overall strategic plan for this region, and specifically for Fiscal Year 2010. As programmatic information

and performance measure data is available from the eventual grantees, the Navajo/Apache Regional Partnership Council will revisit this strategic plan and will potentially add funding to strategies above, or create and propose new strategies. The funding allocations above provide for static service numbers for three strategies, and increasing service numbers for five strategies. There are sufficient fund balances in fiscal year 2011 and 2012 to allocate additional funds to particular strategies if they prove to be underfunded.

## VI. Discretionary and Public/Private Funds

The Navajo/Apache Regional Partnership Council spent significant time and energy developing a strategic plan to address: the desperate need in the region to create a foundational infrastructure to recruit more people into the early care and education field, support meaningful ongoing professional development, increase the educational attainment of early care and education providers in the region, augment the available services and programs for children and families who do not qualify for existing programs or services, and increase the opportunities for families to access the information, service, and supports they need to raise their children in safe, healthy, and stimulating environments. The regional allocation for the Navajo/Apache Regional Partnership Council is sufficient to fund this critical infrastructure-building work. However, the Navajo/Apache Regional Partnership Council is keenly aware that there is an immediate, unmet need within the region to expand the availability of high-quality child care openings. The Navajo/Apache Regional Partnership Council acknowledges the primacy of this gap in service availability and would like to increase the availability of additional high-quality child care opportunities within the region, simultaneously, with the work of infrastructure building.

For many families in this region, the lack of safe, reliable, high-quality child care is a significant deterrent for one or both parents to go to work. For families that live in small, outlying communities, quite often the drive time required to take their child to child care adds an additional 50-60 miles, and 1-2 hours to their daily drive. This creates a very long day for infants and toddlers, who must be in a car seat for 2 hours each day, in addition to being in child care and away from home for at least 10 hours. This creates a 12-hour day for these children. For too many families, and too many children, this is the only option. The Navajo/Apache Regional Partnership Council would like to request a discretionary allocation of \$275,000.00 for Fiscal Years 2010, 2011, and 2012 to fund 25 new child care openings each year.

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<sup>1</sup> Navajo/Apache Regional Needs and Assets Report, 2008, page 119

<sup>2</sup> Navajo/Apache Regional Needs and Assets Report, 2008, page 119

<sup>3</sup> "Child development knowledge and early childhood teacher preparation: Assessing the relationship—A special collection"  
Stacie C. Goffin, Special Collection Editor

Ewing Marion Kauffman Foundation, USA, 2002

<sup>4</sup> "Preparing the workforce: early childhood teacher preparation at 2- and 4-year institutions of higher education"  
Early Childhood Research Quarterly, Volume 16, Issue 3, Autumn 2001, Pages 285-306

Diane M. Early and Pamela J. Winton

<sup>5</sup> "Child development and classroom teaching: a review of the literature and implications for educating teachers"  
Denise H. Daniels<sup>a</sup> and Lee Shumow<sup>b</sup>

<sup>a</sup> Department of Psychology and Child Development, California Polytechnic State University, Faculty Offices North Building, San Luis Obispo, CA 93407, USA <sup>b</sup> Department of Educational Psychology and Foundations, Northern Illinois University, DeKalb, IL, USA



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<sup>6</sup> Dr. Brian Merrill, Northern Arizona Vocational Institute of Technology, AZ. "Connecting Community, Careers and College to help Students Stay in School"; given at conference sponsored by the Arizona Department of Education, 2007

<sup>7</sup> <http://www.campuschildren.org/pubs/cclab/cclab1.html>

<sup>8</sup> <http://www.yavapai.cc.az.us/content/ycf/fec.htm>

<sup>9</sup> Early Childhood Education Journal, v36 n1 p47-56 Aug 2008

<sup>10</sup> Teaching and Teacher Education: An International Journal of Research and Studies, v24 n8 p2146-2156 Nov 2008

<sup>11</sup> <http://www.depts.ttu.edu/hs/cdrc/>

<sup>12</sup> *Starting Smart: How Early Experiences Affect Brain Development* (2000), 2nd ed., by ZERO TO THREE and The Ounce of Prevention Fund

<sup>13</sup> "Development in the First Years of Life" (Spring/Summer 2001), in *The Future of Children* Vol. 11, No. 1, ed. Ross A. Thompson

<sup>14</sup> *From Neurons to Neighborhoods: The Science of Early Childhood Development* (2000), eds. Jack P. Shonkoff and Deborah A. Phillips

<sup>15</sup> <http://www.zerotothree.org/brainwonders/index.html>

<sup>16</sup> "Children's Emotional Development is Built into the Architecture of Their Brains" (Winter 2004) *Working Paper* No. 2

"Young Children Develop in an Environment of Relationships" (2004), *Working Paper* No. 1

<sup>17</sup> <http://www.childdevelopmentmedia.com/brain-development-in-the-toddler.html>

<sup>18</sup> *Nature Nurture and Early Brain Development* (January 2000), by Sara Gable and Melissa Hunting, Missouri University Extension, University of Missouri-Columbia

<sup>19</sup> Excessive Stress Disrupts the Architecture of the Developing Brain" (Summer 2005), *Working Paper* No. 3

*Stress and the Architecture of the Brain* (2005), by Dorian Friedman

<sup>20</sup> Northland Pioneer College Tuition and Fee Schedule for 2008-2009

<sup>21</sup> [http://spanish.ilgateways.com/forms/literature/career\\_lattice.pdf](http://spanish.ilgateways.com/forms/literature/career_lattice.pdf)

<sup>22</sup> Teaching and Teacher Education: An International Journal of Research and Studies, v24 n8 p2146-2156 Nov 2008

<sup>23</sup> Information about the T.E.A.C.H. project is available on the web at [www.childcareservices.org/ps/teach.html](http://www.childcareservices.org/ps/teach.html). State contacts are available at [www.childcareservices.org/ps/statecontacts.html](http://www.childcareservices.org/ps/statecontacts.html)

<sup>24</sup> [http://spanish.ilgateways.com/forms/literature/career\\_lattice.pdf](http://spanish.ilgateways.com/forms/literature/career_lattice.pdf)

<sup>25</sup> <http://www.questia.com/read/29192603?title=In%20the%20Business%20of%20Child%20Care%3a%20Employer%20Initiative%20and%20Working%20Women>

<sup>26</sup> *The Value of Employer-Sponsored On-Site Child Care Centers*, Rachel Connelly, Deborah S. DeGraff, and Rachel A. Willis, 2004

<sup>27</sup> "Work Related Child Care Statistics." <http://www.dol.gov/dol/wb/childcare/ccstats.htm>.

<sup>28</sup> "Kids at Work: The Value of Employer-Sponsored On-Site Child Care Centers," published by the W.E. Upjohn Institute for Employment Research in 2004

<sup>29</sup> <http://www.questia.com/read/5000250470?title=New%20Realities%20in%20the%20Corporate%20Workplace%3a%20Child%20Care%20in%20the%20Nineties%2c%20in%20SAMSAM%20Advanced%20Management%20Journal>

<sup>30</sup> <http://www.brighterhorizons.com/>

<sup>31</sup> *Meeting the Needs of Today's Workforce: Child Care Best Practices* (1998); World Wide Web: <http://www.dol.gov/dol/wb/>

<sup>32</sup> National Child Care Information Center; World Wide Web: <http://nccic.org>

<sup>33</sup> "Employer Child Care Growth Slows with the Economy—Status Report 12 on Employer Child Care" (September/October 2002), in *Child Care Information Exchange* No. 147, by Roger Neugebauer

<sup>34</sup> Manhattan Institute, "Pre-K: Shaping the System That Shapes Children", 2006

Frank Porter Graham Child Development Institute at UNC-Chapel Hill, "Quality of Child Care Affects Language Development", 2007

*Set for Success: Building a Strong Foundation for School Readiness Based on the Social and Emotional Development of Young Children*, Kauffman Early Education Exchange

*Good Quality Child Care: A Dramatic Opportunity to Promote Learning and Prevent Damage in Our Youngest Children*, Child Care Action Campaign, 1996

<sup>36</sup> DES list of certified providers as of August 2008

<sup>37</sup> Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*, Educational Development Center, Newton, Ma.

<sup>38</sup> *First Focus on Quality: Final Evaluation Report United Way of Tucson and Southern Arizona, Tucson, Arizona, August 2006*, <http://www.unitedwaytucson.org/images/pdf/ELOA%20Final%20Reportpdf.pdf>

<sup>39</sup> Lewis C, H. Lynch and L. Richardson. Fluoride Varnish Efficacy in Preventing Early Childhood Carries. *Pediatrics J.* February 2005

<sup>40</sup> SECTION 32-1289, ARIZONA REVISED STATUTES

<sup>41</sup> "Early Effects of the Healthy Steps for Young Children Program." Minkovitz, C., et al., *Archives of Pediatric and Adolescent Medicine*, April 2001, Vol. 155, pp. 470 - 479.

<sup>42</sup> "Healthy Steps: A Case Study of Innovation in Pediatric Practice." Zuckerman, B., Parker, S., Kaplan-Sanoff, M., Augustyn, M., and Barth, M.C., *PEDIATRICS*, September 2004, Vol. 114, No. 3.

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